



Intermediate Service Center No. 2

Phone: 708/544-4890 Fax: 708/544-4891

Approval # _____

System of Support – FY12 Reimbursement/Payment Request

Districts are to pay for expenditures initially. Once the event has taken place, please request reimbursement. **MUST BE SUBMITTED 30 DAYS AFTER EVENT.**

Dist No: _____ School Name: _____

Today's Date: _____ Original Date of Event: _____

To Be Submitted: Within 30 days of EVENT (for single event)
 Monthly (for ongoing professional development throughout the year)

Brief Description: _____

For Professional Development Travel related **ACTUAL** expenses, please itemize below: *Due to grant guidelines, West 40 cannot reimburse out of state travel.*

<u>Description</u>	<u>Amount</u>
Registration Fees: _____	\$ _____
Consultant Fee: _____	\$ _____
Hotel/Motel: _____	\$ _____
Transportation	
Air Travel: _____	\$ _____
Taxis/Tolls: _____	\$ _____
Mileage: _____ miles x \$.555	\$ _____
Books / Materials: _____	\$ _____
Substitute Teacher: \$ _____ per day per _____ teacher	\$ _____
Cur. Pay/Stipends: \$ _____ per day per _____ teacher	\$ _____
Other: _____	\$ _____
Total Amount To be Reimbursed:	\$ _____

Signature of Site/District Coordinator: _____ Phone: _____

Payable to (please print): _____

Address of where check should be mailed: _____

→ Attach ←

- 1) Copy of Step 1 – P D Initial Approval Request Form
- 2) District INVOICE for total reimbursable amount
- 3) Copies of Receipts/Supporting Documents
- 4) Mail to West 40 – Attn: Denise Armenta

West 40 ISC#2 Use Only

___ Approved
 ___ Date
 ___ Entered