

Reimbursement Request

Name:
Conference/Meeting Attended:
Location of Conference:
Dates of Conference/Meeting:

Please note: receipts are required for reimbursement.

\$	Registration Fees: (Maximum \$200) Please note if registration fee included meals, and attach registration receipt.
\$	Travel: 51 cents per mile for auto transportation. Maximum of 400 miles per conference. Miles traveled:
\$	Tollway Fees
\$	Parking Fees (Attach parking check-out receipt)
\$	Lodging: Chicago Metro – Maximum of \$175 (Cook, DuPage, Kane, Lake, McHenry, Will Counties) Downstate – Maximum of \$125 St. Louis Metro – Maximum of \$175 _____ nights lodging at \$ _____
\$	Meals – Maximum of \$40 per day
\$	Other: (Explain in detail)
\$	 Total – Please indicate if funded by Title 1 or other special funding:

(Rev. July 2011)

C:\Documents and Settings\Jean Lynn.027UNOJEANL\My Documents\Forms\Reimburse Req.wpd

(Over – Completion of back of form required for reimbursement.)

Reflections and Feedback

Title of Session, Workshop or Conference:				
Presenter(s):		Date(s):		
Presenter Contact Information:				
1. The most important thing I'll remember and use from this workshop/conference is....				
2. Something that I learned that was unexpected or new...				
3. I have a better understanding of...				
4. I still have questions about...				
5. The first thing I will do as a result of this workshop/conference is...				
6. How will you use information from this workshop to impact student learning?				
7. One thing I learned that I will share with others is...				
8. The next professional development opportunity I need to continue my growth in this area is...				
9. The overall usefulness of this workshop/conference:				
1	2	3	4	5
Not		Somewhat		Very
10. I ____ would ____ would not recommend this presenter for future workshops.				
Name:		School:		Grade Level or Area: