

**OUT-OF-STATE TRAVEL  
FY21**

**Instructions:**

1. Save this form on cooperative or district letterhead and attach detailed information, such as the conference/program announcement, registration form, and/or brochure, verifying fees and dates. Any additional documentation available to support the anticipated cost of the travel should also be attached.
2. **Email** the completed form and supporting documentation to your ISBE grant coordinator: Kimberly Beachy (kbeachy@isbe.net), Josh Green (jgreen@isbe.net) Mandi Richards (marichar@isbe.net) or Todd Williams (todwilli@isbe.net).
3. **Travel will only be approved for district/cooperative employees when the request is submitted at least one week prior to the date(s) of travel.**
4. This form is only required when the travel is in excess of 50 miles from the Illinois border.

NAME OF TRAVELER \_\_\_\_\_

NAME OF COOP/DIST: \_\_\_\_\_

RCDT #: \_\_\_\_\_

POSITION: \_\_\_\_\_

Special Education Provider

General Education Provider: How will conference benefit students with disabilities?

\_\_\_\_\_  
\_\_\_\_\_

DATES OF TRAVEL: \_\_\_\_\_

FUNDING SOURCE: Part B Flow-Through \_\_\_\_\_ Part B Preschool \_\_\_\_\_

NAME OF CONFERENCE: \_\_\_\_\_

LOCATION: \_\_\_\_\_

PURPOSE: \_\_\_\_\_

ANTICIPATED COSTS:

TRANSPORTATION: \_\_\_\_\_

LODGING: \_\_\_\_\_

MEALS: \_\_\_\_\_

CONFERENCE REGISTRATION FEE: \_\_\_\_\_

SUBSTITUTES: \_\_\_\_\_

TOTAL GRANT FUNDS REQUESTED: \_\_\_\_\_

REQUIRED SIGNATURES:

DIRECTOR OF SPECIAL EDUCATION: \_\_\_\_\_

PROGRAM DIRECTOR: \_\_\_\_\_

ISBE GRANT COORDINATOR: \_\_\_\_\_