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.

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: _________________________________________________