



Illinois State Board of Education

100 North First Street
Springfield, Illinois 62777-0001

OUT-OF-STATE TRAVEL APPROVAL FORM

SPECIAL EDUCATION SERVICES DEPARTMENT

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: Josh Green (jgreen@isbe.net), Kristi Lessen (klessen@isbe.net), or Sam Worth (sworth@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/DISTRICT
RCDT #	POSITION
<input type="checkbox"/> Special Education Provider <input type="checkbox"/> 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	CONFERENCE LOCATION
CONFERENCE PURPOSE	TOTAL GRANT FUNDS REQUESTED
ANTICIPATED COSTS: TRANSPORTATION _____ LODGING _____ MEALS _____ CONFERENCE REGISTRATION FEE _____ SUBSTITUTES _____	

Required Signatures

Signature from DIRECTOR OF SPECIAL EDUCATION

Date

Signature from PROGRAM DIRECTOR

Date

Signature from ISBE GRANT COORDINATOR

Date