



Illinois State Board of Education

100 North First Street
Springfield, Illinois 62777-0001

OUT-OF-STATE TRAVEL APPROVAL FORM

SPECIAL EDUCATION DEPARTMENT

Instructions:

1. Email the completed form and supporting documentation to your ISBE grant coordinator — Katanja Cowsen at kcowsen@isbe.net, Kristy Deckard at kdeckard@isbe.net, Raúl Lemus at rlemus@isbe.net or Elroy Reed at ereed@isbe.net.
2. **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