



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 Kristi Lessen (klessen@isbe.net), Sam Worth (sworth@isbe.net), or Elroy Reed (ereed@isbe.net).

Travel will only be approved for district/cooperative employees when the request is submitted at least one

3. **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