



# TAZEWELL-MASON COUNTIES SPECIAL EDUCATION ASSOCIATION

Administrative Office  
300 Cedar St., Pekin, IL 61554

## Request to Attend Professional Development Activity Request for Expense Reimbursement

This form requires Coordinator/Director approval prior to enrollment in the requested professional development activity.

Employee Name: \_\_\_\_\_

Title of Activity: \_\_\_\_\_

Location: \_\_\_\_\_

Date(s): \_\_\_\_\_

	Estimated Costs	Actual Costs	
Registration Fee	_____	_____	<input type="checkbox"/> Approved
Hotel	_____	_____	<input type="checkbox"/> Disapproved
Meals	_____	_____	
Mileage @ current	_____	_____	
IRS rate	_____	_____	
Other Expenses	_____	_____	
<b>Total</b>	_____	_____	_____

Coordinator/Director  
Initial Approval/Date

\_\_\_\_\_  
Employee Signature                      Date

\_\_\_\_\_  
Coordinator                                      Date

\_\_\_\_\_  
Director    Date

- I will register myself for this conference upon approval.
  - It is requested that TMCSEA submit registration on my behalf.
  - It is requested that TMCSEA submit a Purchase Order in the amount of \$\_\_\_\_\_.
  - It is requested that TMCSEA submit a check in the amount of \$\_\_\_\_\_.
- Make check payable to: \_\_\_\_\_ **(Requires 6 weeks notice)**

Keep a copy of completed form. After attendance at conference, please complete "Actual Costs Portion" of this and return it to your Coordinator for reimbursement processing. **Receipts are required and must be attached in order for reimbursement to be made.**

Coordinator/Director to Complete:

Fund	Function	Object	Subject	Fund Source	Fund	Function	Object	Subject	Fund Source
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