



ILLINOIS CONFERENCE OF SEVENTH-DAY ADVENTISTS OFFICE OF EDUCATION

SPECIAL TRAVEL REPORT

Submit this report to be reimbursed for conference called committee meetings, teacher inservices, teacher interviews, Lake Union Education meetings, etc.

Name _____ Social Security # _____ - _____ - _____
(Only if this is your first check received from the Illinois Conference.)

Address _____

Home Telephone _____ Mobile _____

Reason for Special Travel _____

Date of Special Travel _____

Office Use Only

Miles Driven _____ \$ _____

Tolls _____ \$ _____

Airfare (Submit Receipt) _____ \$ _____

Car Rental (Submit Receipt) _____ \$ _____

Per Diem (Number of Days) _____ \$ _____

Actual Hotel or Motel Expense _____ \$ _____
(Submit Receipt)

Total Reimbursement \$ _____

Account No: _____

Individual's Signature

Superintendent's Signature

Mail to: Illinois Conference Education Dept. 619 Plainfield Rd. Suite 200, Willowbrook, IL 60527
Fax to: 630-734-0929

Must be submitted by the 15th of the month to be included with current month's payroll