

# IBHE Web Accessibility Consortium “Train the Trainer” Reimbursement Form

## **Attendee Information:**

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

Title \_\_\_\_\_

Institution: \_\_\_\_\_

Contact Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Instructor or Professor       Instructional technology designer       Disability support specialist

Other : \_\_\_\_\_

## **Attended workshop:**

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Presenter: \_\_\_\_\_

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

## **“Train the Trainers” Plan of Action:**

The IBHE Web Accessibility Consortium Grant provides resources to reimburse travel and training costs for people who will be use the information in courses and workshops they teach. To be reimbursed you must agree to offer the workshop at least 2 times on your own campus during the next year or include the information in at least 2 other courses or workshops you teach within the next year. They do not need to be the same workshop or course.

## **Workshop Reimbursement:**

To receive reimbursement, attendees must register and pay for the workshops and travel expenses before the workshop date. **After attendance and completion of the workshop**, attendee must send:

1. This form and the attached forms on the workshop/course you will include the workshop information.
2. Copy of your workshop confirmation and invoice.
3. Copies of travel related receipts including lodging, parking, bus/train tickets and any other receipts that are required for State of Illinois reimbursement. Meals will be reimbursed based on state per diem, if meals were not included as a part of the training, but are reimbursable under State of Illinois Requirements. State of Illinois reimbursement rates apply, any reimbursement requests that exceed state reimbursement rates or travel unrelated to the accessibility training **will not** be reimbursed.

See website for examples:

<http://www.obfs.uillinois.edu/obfshome.cfm?level=2&path=travel&xmldata=ratesatglance>

## **Send these items to:**

Christy Blew  
Disability Resources and Educational Services  
1207 South Oak Street MC 574  
Champaign, IL 61820

## ***Payment Information***

Reimbursements will be made ***payable to your institution*** and will be sent to the following address:

Attention (name): \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_

Zip: \_\_\_\_\_

## Workshop or Course 1

Workshop  
 Course

New  
 Existing

How many times will this course be offered in the next year? \_\_\_\_\_

**Workshop or Course Title:**

**How do you plan to integrate accessibility content into this workshop or course?**

**How will you evaluate the participant's understanding of the accessibility content?**

## Workshop or Course 2

Workshop  
 Course

New  
 Existing

How many times will this course be offered in the next year? \_\_\_\_\_

**Workshop or Course Title:**

**How do you plan to integrate accessibility content into this workshop or course?**

**How will you evaluate the participant's understanding of the accessibility content?**