



ILLINOIS STATE BOARD OF EDUCATION DEVELOPMENT ACTIVITY

PAYMENT RECEIPT

IBED Form 001 (01/01)



1. State of Illinois
2. Department of Education
3. Office of State Board of Education
4. Office of State Board of Education
5. Office of State Board of Education
6. Office of State Board of Education
7. Office of State Board of Education
8. Office of State Board of Education
9. Office of State Board of Education
10. Office of State Board of Education
11. Office of State Board of Education
12. Office of State Board of Education

APPLICANT INFORMATION

Name: _____
 Address: _____
 City: _____
 State: _____
 Zip: _____
 Telephone: _____
 E-mail: _____
 Date of Birth: _____
 Social Security Number: _____
 Driver's License Number: _____
 Other Identification Number: _____

IBED Form 001 (01/01) Payment Receipt

AMOUNTS PAID BY APPLICANT

DESCRIPTION	AMOUNT	TOTAL PAID	REMARKS
Application Fee	100.00	100.00	
Registration Fee	100.00	200.00	
Exam Fee	100.00	300.00	
Total		300.00	

DATE	AMOUNT	REMARKS	INITIALS	SIGNATURE
1/1/2025	100.00	Application Fee		
1/1/2025	100.00	Registration Fee		

RECEIVED FOR APPLICANT AND FILE COPY

Signature of Applicant

