22/23 PD Request

5 Day Schedule

**** * * Submit this request no later than four weeks in advance.* * ****

DIRECTIONS:

*** Complete form in detail and obtain signatures for approval.**

*** Submit travel reimbursement form with receipts for all charges within two (2) weeks after your return.**

Questions? Call CTE Administration at 541-776-8593 Email: cte@soesd.k12.or.us.
Send ORIGINAL paperwork to CTE Administration, So. Oregon ESD, CTE Department, 101 N Grape Street, Medford, OR, 97501.

INCOMPLETE FORMS WILL DELAY TRAVEL ARRANGEMENTS

Name:		**Estimated Substitute Reimbursement (If applicable)**		
Address		**DATE(S):**	**From:**	**To:**
City:	**Zip:**	**# of Full Days**	@$265.00	$ 0.00
School/Department:		**# of Half Days**	@$132.50	$ 0.00
Event Name/Location/Dates:				

REGISTRATION FEES: SOESD will make and pay my registration

Name of Vendor:		**Reg. Fee Sub Total:**	
Address:	**City:**	**State:**	**Zip:**

LODGING: SOESD Will make my reservations.

Name of Hotel (SOESD Direct Bill Preferred):			
Address:	**City:**	**State:**	**Zip:**
Confirmation #:	**Phone:**	**Fax:**	
Check-in Date:	**Check-out Date:**	**Number of Nights:**	

Rate Per Night:	**Total Tax Per Night:**	**Misc. Fees:**	**Lodging Sub Total:** $ 0.00

FLIGHT & CAR RENTAL: SOESD Will make my travel arrangements.

Departure Date:	**Preferred Departure Time:** AM	**Return Date:**	**Preferred Return Time:** AM
Estimated Flight Cost:	**Car Rental Needed:**	**Estimated Car Rental Cost:**	**Subtotal Airfare And Car Rental:** $ 0.00

MILEAGE:

Estimated Miles to be Driven:	Reimbursement $ / Mile $ 0.625	Mileage Subtotal: $ 0.00

MEALS: Only dinner reimbursement is available the first day of any travel.

TOTAL Per Diem Reimbursement: Breakfast-$13.00 - Lunch-$15.00 Dinner-$26.00 Incidental - $5.00 Incidental Awarded per day of Travel												Enter the number of each meal needed below.
	$ 0.00		$ 0.00		$ 0.00		$ 0.00					Subtotal: $ 0.00

MISC:

Parking:	Baggage Fee:	Shuttle/Taxi:	Other:
		Grand Total:	$ 5.00

By signing below, I recognize my obligation, as a public employee, to follow the requirements of ORS 244, which mandates that public employees receive no additional benefit from their public employment. I attest to the fact that I receive no personal benefit or financial gain by using my personal debit card, credit card or membership accounts for Perkins/CTE purchases or travel. I understand that all personal credit cards, debit cards, or membership accounts that I use for Perkins/CTE purchases or travel, are subject to this ORS requirement.

Requested By: _____ **DATE:**

(Electronic Signature of requesting CTE Teacher)

Approved By: _____ **DATE:**

(Electronic Signature of SOCTEC Representative)

Approved By: _____ **DATE:**

(Electronic Signature of CTE Coordinator of Region 8)