



# 22/23 PD Reimbursement

## 4-Day Schedule

### DIRECTIONS:

1. Complete form in detail, attach ORIGINAL receipts, sign and obtain signatures for approval.
2. Send to: [cte@soesd.k12.or.us](mailto:cte@soesd.k12.or.us)
3. Reimbursement checks will be mailed to your home.
4. A Staff Development Report MUST be sent with your expense reimbursement request.

Name		ACTUAL DATES SUBSTITUTE TEACHERS WERE USED		
Address		DATE(S):	From	To
City	Zip	# of Full Days	@\$298.00each	Total Full Day Sub Cost
School/Department		# of Half Days	@\$149.00each	Total Half Day Sub Cost

Event Name/Location/Dates

### REGISTRATION:

Date	Association	Amount paid

### LODGING:

Hotel Name	City	State	Zip

Check-in Date	Check-out Date	# of Nights	Prepaid Amount	Reimbursement Amount

### MILEAGE:

Date	Departure Address	Destination Address	# of Miles	Total @ \$.625

**MEALS:**

**TOTAL Per Diem Reimbursement:**  
 Breakfast-\$13.00 - Lunch-\$15.00  
 Dinner-\$26.00 - Incidentals - \$5.00/Per Day

**Only dinner reimbursement is available the first day of any travel. NO EXCEPTIONS!**

Date	Incidentals	Breakfast	Lunch	Dinner	Total

**OTHER EXPENSES:**

Item	From Date	To Date	# of Days	Prepaid Amount	Reimbursement Amount
Airfare					
Car Rental					
Parking					
Baggage Fee					
Shuttle/Taxi					
Other (Please indicate)					
<b>Prepaid Total</b>					
<b>Reimbursement Claim</b>					
<b>GRAND TOTAL (Not to exceed Perkins allocation)</b>					

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: \_\_\_\_\_  
 (Electronic Signature of requesting CTE Teacher)

Approved By: \_\_\_\_\_  
 (Electronic Signature of SOCTEC District Representative)

Approved By: \_\_\_\_\_  
 (Electronic Signature of CTE Coordinator of Region 8)