

22/23 PD Reimbursement 5-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
 3. Paimbursament checks will be mailed to your home

Name Address				ACTUAL DATES SUBSTITUTE TEACHERS WERE USED						
				DATE(S):	From	From		То		
City			Zip		\$265.00	each	Total Full Day Sub Cost			
School/Department				# of Half Days	§ @ \$132.5	0each	Total Half Day Sub Cost			
Event Name/Location	on/Dates						,			
REGISTRATIO	N:									
Date Association				A			mount paid			
			·							
LODGING:										
Hotel Name			City	State State			Zip			
Check-in Date	Check-out Date	# of Nights		Prepaid Amo	epaid Amount		Reimbursement Amount			
MILEAGE:										
Date Departure Address			Destinati	on Address		#	of Miles	Total @ \$.625		

MEALS:								
		Onl	Only dinner reimbursement is available the first day of any travel. NO EXCEPTIONS!					
Date	Incidentals	Breakfast		Lunch		Dinner		Total
OTHER EXPE	ENSES:							
					, , , ,		Prepaid	Reimbursement
Item Airfare		From Date	101	Date	# of D	ays	Amount	Amount
Car Rental								
Parking								
Baggage Fee								
Shuttle/Taxi								
Other (Please indic	cate)							
	•	Pı	epai	d Total				
		Reimburse	men	t Claim				
	GRAND TOTAL (Not to exc	eed Perkins	allo	cation)				
that public emplo personal benefit of purchases or trav	y, I recognize my obligation, as a public emp byees receive no additional benefit from the for financial gain by using my personal debit wel. I understand that all personal credit card chases or travel, are subject to this ORS req	ir public em t card, credi ds, debit car	oloyr care	ment. I a d or mer	attest te nbersh	o the lip ac	fact that I r	eceive no Perkins/CTE
Requested By:								
	(Electronic Sigr	nature of re	que	sting C	TE Tea	ache	<mark>r)</mark>	
Approved By:								
_	(Electronic Signatu	re of SOCT	EC [District	Repre	sent	ative)	
Approved By:								
_	(Electronic Signat	ure of CTE	Coc	ordinato	or of R	egio	<mark>n 8)</mark>	