



22/23 PD Request

4 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	@\$298.00
School/Department:		# of Half Days	@\$149.00
Event Name/Location/Dates:			

REGISTRATION FEES:

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

LODGING:

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:

FLIGHT & CAR RENTAL:

Departure Date:	Preferred Departure Time:	Return Date:	Preferred Return Time:
Estimated Flight Cost:	Car Rental Needed:	Estimated Car Rental Cost:	Subtotal Airfare And Car Rental:

MILEAGE:

Estimated Miles to be Driven:	Reimbursement \$ / Mile	Mileage Subtotal:
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MEALS: Only dinner reimbursement is available the first day of any travel.

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

MISC:

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

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)