2025-2026 Perkins Professional Development
Request Form - 4 Day
School Districts: Prospect, Three Rivers

***** Submit this request no later than FOUR (4) weeks in advance.*****

DIRECTIONS:

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

Submit to: pamela_ruddock@soesd.k12.or.us 541-776-8590 ext 1132

INCOMPLETE FORMS WILL DELAY TRAVEL ARRANGEMENTS

Name:				Estimated Substitute Reimbursement if Applicable			
Home Address				Date(s)	Start Date		End Date
City				# of Full Days		$315.00	$ 0.00
State		Zip Code		# of Half Days		$157.50	$ 0.00
School Dept.							

Event Name/Location/Dates			
Registration Vendor Name **(SOESD will make and pay my registration)**		**Registration Fee:**	
LODGING	**SOESD will make my reservations**		
Name of Preferred Hotel			
Hotel Address		Phone Number	
Check In Date:		Check Out Date:	
Estimated Total Lodging Fee: Please include Taxes, Resort Fees & Parking			
FLIGHT Information:	**SOESD will make my Travel Arrangements**		

Departure Date:		Depature Time		Return Date		Return Time	
Name of Airline			Flight Cost				
Vehicle Rental Cost - Must be Pre-Approved							
Estimated Miles to be Driven		$ 0.00					

Incidentals = $5; Breakfast = $18; Lunch = $20; Dinner = $32. Incidentals/Dinner on 1st day of Travel = $37; Full day meals = $75		
# Incidentals		$ 0.00
# Breakfast		$ 0.00
# Lunches		$ 0.00
# Dinners		$ 0.00
Meal Total Cost	$ 0.00	

Estimated Baggage Fees			
Estimated Airport Parking			
Estimated Taxi/UBER/Lyft/Shuttle			
		Grand Total	$ 0.00

By signing below, I recovgnize my obligation, as a public employee, to follow the requirements of ORS 244, whichmandates 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 credit/debit card or membership accounts for Perkins/CTE purchases or travel. I understandt hat all personal credit/debit cards or membership accounts that I use for Perkins/CTE purchases or trael, 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 Region 8 Coordinator)