



**2025/2026 Professional Development  
 Reimbursement Form**  
 School Districts: Ashland, Eagle Point, Grant Pass, KCC,  
 Klamath County, Klamath Falls, Phoenix, Rogue River

**Due Immediately upon return to your CTE Manager**

**DIRECTIONS:**

1. Complete form in detail, attach ORIGINAL receipts, sign & obtain signatures for approval.
2. Have your CTE Representative Send to: [pamela\\_ruddock@soesd.k12.or.us](mailto:pamela_ruddock@soesd.k12.or.us).
3. A Staff Development Report MUST be sent with this form.
4. Your Reimbursement check will be sent to your home address.

Name				ACTUAL Dates Substitute Teachers were used.				
Home Address				Dates	From:		To:	
City				# of Full days @ \$280	Total #:		Total Cost:	
State		ZipCode		# of Half Day @ \$140	Total #:		Total Cost:	

School/Department: \_\_\_\_\_

Event Name/Location/Dates \_\_\_\_\_

**MILEAGE**

Date	Departure Address	Destination Address	# of Miles	Total @ .725

**Mileage Total**

**MEALS: Incidentals = \$5 per day; Breakfast = \$18; Lunch=\$20; Dinner = \$32**

Only Incidental & dinner will be reimbursed the FIRST day of travel. NO EXCEPTIONS

Date	Incidental	Breakfast	Lunch	Dinner	Total
<b>MealsTotal</b>					

Baggage Fees		Total	
Parking Fees - Provide Receipt		Total	
Shuttle/Taxi Cost Provide a Receipt.		Total	
Other - Please Indicate		Total	
Explanation:			
		SubTotal	
		Reimbursement	

**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/credit card, or membership accounts for Perkins/CTE purchases or travel. I understand that all personal debit/credit 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)**

Requested By:

**(Electronic Signature of SOCTEC District Representative)**

Requested By:

**(Electronic Signature of Region 8 CTE Coordinator)**