2025/2026 Professional Development Reimbursement Form
School Districts: Prospect, Three Rivers

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.
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 @ $315	Total #:		Total Cost:	$ 0.00
State	ZipCode	# of Half Day @$157.50	Total #:		Total Cost:	$ 0.00

School/Department:	
Event Name/Location/Dates	

MILEAGE

Date	Departure Addess	Destination Address	# of Miles	Total @ .725
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
			Mileage Total	0

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
	$ 0.00			$ 0.00	$ 0.00
	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
				MealsTotal	$ 0.00

Baggage Fees		Total	$ 0.00
Parking Fees - Provide Receipt		Total	$ 0.00
Shuttle/Taxi Cost Provide a Receipt.		Total	$ 0.00
Other - Please Indicate		Total	$ 0.00
Explanation:			
		SubTotal	$ 0.00
		Reimbursement	$ 0.00

By signing below, I recognize my obligation, as a public employee, to follw the requirements of ORS 244,which mandates that public employees receive no additional benefit from their public empolyment. 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)