



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

**\*\*\* Submit this request no later than March 17, 2026\*\*\***

**DIRECTIONS:**

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

Submit to: [pamela\\_ruddock@soesd.k12.or.us](mailto: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			
State	Zip Code	# of Half Days		\$157.50			
School Dept.							
<b>Event Name/Location/Dates</b>							
Registration Vendor Name <i>(SOESD will make and pay my registration)</i>					<b>Registration Fee:</b>		
<b>LODGING</b>		<b>SOESD will make my reservations</b>					
Name of Preferred Hotel							
Hotel Address					Phone Number		
Check In Date:				Check Out Date:			
Estimated Total Lodging Fee: Please include Taxes, Resort Fees & Parking							
<b>FLIGHT Information:</b>		<b>SOESD will make my Travel Arrangements</b>					
Departure Date:	Departure Time	Return Date	Return Time				
Name of Airline				Flight Cost			
Vehicle Rental Cost - Must be Pre-Approved							
Estimated Miles to be Driven							

Incidentals = \$5; Breakfast = \$18; Lunch = \$20; Dinner = \$32. Incidentals/Dinner on 1st day of Travel = \$37; Full day meals = \$75

# Incidentals		
# Breakfast		
# Lunches		
# Dinners		
Meal Total Cost		

Estimated Baggage Fees		
Estimated Airport Parking		
Estimated Taxi/UBER/Lyft/Shuttle		
<b>Grand Total</b>		

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 credit/debit card or membership accounts for Perkins/CTE purchases or travel. I understand that all personal credit/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 Region 8 Coordinator)