



2025-2026 Perkins Professional Development
 Mini Grant Request Form - 5 Day
 School Districts: Ashland, Eagle Point, Grants Pass,
 Klamath County, KCC, Klamath Falls, Phoenix, Rogue River

***** 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 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		\$280.00	
State		Zip Code		# of Half Days		\$140.00	
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:		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		
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 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)