



# Career, Technical & Agricultural Education

## Request for CTAE Professional Learning

### Funding Reimbursement of Travel Registration Fee(s)

Name: \_\_\_\_\_ Program: \_\_\_\_\_

School: ☐ AHS ☐ CHS ☐ WHS ☐ BCCCA

Activity: \_\_\_\_\_ Dates: \_\_\_\_\_

Location: \_\_\_\_\_ Registration Deadline: \_\_\_\_\_

**Request Substitute:** ☐ No ☐ Yes Number of days: \_\_\_\_\_

**Cost Estimation:** Use *Expense Report Guidelines* to assist in completing this section

**Note:** FC= Function Code; OC= Object Code

**Program Funding:** ☐ 3315 Perkins ☐ 3011 QBE ☐ Other \_\_\_\_\_

☐ Traveling with students (FC-1000) ☐ Professional Learning (FC-2210)

**Travel:** (OC-580) Lodging \$ \_\_\_\_\_ Meals: \$ \_\_\_\_\_ Mileage \$ \_\_\_\_\_

Miscellaneous (Airfare, Parking, etc.): \$ \_\_\_\_\_

**Travel Total:** \$ \_\_\_\_\_

**Registration:** (OC-810) ☐ Goldenrod Submitted ☐ Request reimbursement ☐ NA

**Registration Total:** \$ \_\_\_\_\_

**Attached Documentation:**

☐ Agenda (required)

☐ Goldenrod

☐ Registration Cost for Activity (required with goldenrod)

☐ Leave Form (required for local administration)

(Signatures must be dated prior to the activity date.)

Teacher \_\_\_\_\_ Date \_\_\_\_\_ School CTAE Administrator \_\_\_\_\_ Date \_\_\_\_\_

School Bookkeeper \_\_\_\_\_ Date \_\_\_\_\_ CTAE Director \_\_\_\_\_ Date \_\_\_\_\_

**Travel Expense Forms must be submitted for reimbursements within 10 business days after dates of travel.**