

# Delabar CTE System

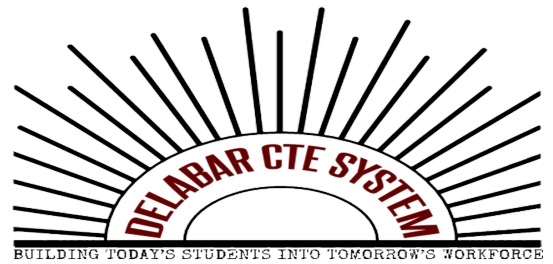
CTE – Education That Works

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## Professional Development FY2023 Form

Please email completed and signed form to [bstegall@roe33.net](mailto:bstegall@roe33.net)

<p><b>THIS BOX FOR DELABAR ADMIN USE ONLY:</b></p> <p>Date: _____</p> <p>Budget Account Codes:                  _____                  _____                  _____                  _____</p> <p>Total of Expenses: _____</p> <p>Issue Payments to:                  _____                  _____                  _____                  _____</p>	<p>School District/                  Program Area: _____</p> <p>Name: _____</p> <p>Professional Development: _____                  _____</p> <p>Date/Location of Activity: _____</p> <p>Substitute Required: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you want registration prepaid? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Registration Link: _____                  (or attach completed Registration Form)</p>
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**Estimated Expenses:**

Registration Fee:		Transportation (Mileage \$0.58/ml)	
Hotel:		Sub Fee's (# of Days X District Rate)	
Meals:		<b>Total of All Expenses:</b>	

**Pre-Approval**

District Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

System Director Signature : \_\_\_\_\_ Date: \_\_\_\_\_

**Complete Upon Return of Activity**

Include all documentation--original receipts (excluding charge card receipts), agenda from activity, MapQuest/Google Maps indicating mileage--and re-submit form to Delabar CTE System.

**Actual Expenses:**

**Contact Information for Reimbursement:**

Registration:	Transportation:	Address:	
Hotel:	Sub Fee:	City, State, Zip:	
Meals:	Total:	Email & Phone:	

**Final Approval:**

DIRECTOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

