

# Delabar CTE System

*Building Today's Students Into Tomorrow's Workforce*

932 Harrison St.

Galesburg, IL 61401

Phone 309.345.3828



## Professional Development Form FY 24

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

### THIS BOX FOR DELABAR ADMIN USE ONLY:

Date: \_\_\_\_\_

Budget Account Codes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total of Expenses: \_\_\_\_\_

Issue Payments to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

School District/

Program Area: \_\_\_\_\_

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

Professional Development: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

Location of Activity: \_\_\_\_\_

Substitute Required: ☐ Yes ☐ No

Do you want registration prepaid: ☐ Yes ☐ No

Registration Link: \_\_\_\_\_

(or attach completed Registration Form)

### Estimated Expenses:

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

### 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: \_\_\_\_\_