

# 2018-2019 Request for Travel Funding (must submit with activity request) 1 form per advisor

Funding is available in limited amounts to offset a portion of CTE teacher travel expenses for state and national competitions. Monies have been allocated to each school for the 2018-2019 SY for teachers who qualify for reimbursement to the requestor. CTE principals must approve allocations per teacher.

**Please Print Clearly**

Teacher Name \_\_\_\_\_ School \_\_\_\_\_

Name of Event \_\_\_\_\_ Date(s) Event/Conference \_\_\_\_\_

Location (City, State) \_\_\_\_\_ Number of Students Attending \_\_\_\_\_

Name of Each Teacher/Chaperone  
Attending \_\_\_\_\_

**Maximum Amount to be Reimbursed to School:**

Documentation provided to show lodging is at a conference hotel (initial here) \_\_\_\_\_

Registration = \_\_\_\_\_

Lodging \_\_\_\_\_ (rate) x \_\_\_\_\_ (# nights) = \_\_\_\_\_

Airfare = \_\_\_\_\_

Total to School \$ \_\_\_\_\_ (maximum reimbursed to school)

**Maximum Amount to be Reimbursed to Teacher:**

\$ \_\_\_\_\_ (maximum to be reimbursed to teacher for meals, mileage, parking (self-park w/receipt—valet parking not reimbursable), taxi, shuttle)

**GRAND TOTAL (Maximum amount approved for this teacher and this trip):**

\$ \_\_\_\_\_ GRAND TOTAL

Teacher  
Signature \_\_\_\_\_ Date \_\_\_\_\_

CTE Principal Signature \_\_\_\_\_ Date \_\_\_\_\_

Remaining School Balance \$ \_\_\_\_\_

For District Office Use Only	CTE Approval #
Budget Code GP 141-0000-72230-713-7095-00-535500	Perkins 142-801-72130-713-7095-00-535500
CTE Director Approval _____	Date emailed/returned to school _____