

## Pre-Approval CTE Expense Form

Professional development, field trip, or CTSO expenses require this form to be on file and approved by an CTE Program Coordinator prior to incurring any expense. Requests asking Kalamazoo RESA/CTE to assist with conference pre-registration and/or hotel accommodations are to be submitted, minimally 30 days, prior to an event, otherwise the instructor will be responsible for making arrangements and being reimbursed. Incomplete paperwork can delay the process.

Fill in all information in sections #1 & #2 below with estimated expenses for the event. Sign and date in Section #3.

(NOTE: Instructors will receive notice of their approved request in an email from CTE.)

| Section #1: Instructor/Program Information   |    |  |                 |                             |  |
|--|----|--|-----------------|-----------------------------|--|
|  |    |  |                 |                             |  |
| Instructor Name  |    | CTE Program  |                 | Date Sent to KRESA          |  |
| Request is for: (check one)  |    |  |                 |                             |  |
| Professional Development   |    | Field Trip   |                 | Student Organization (CTSO) |  |
| Name of the event:   |    | Location of the event:   |                 |                             |  |
| Reason for the Conference/Field Trip/CTSO event:   |    |  |                 |                             |  |
| Date (s) of event:   |    | Number of Students impacted (if applicable)  |                 |                             |  |
| Section #2: Estimated Expenses   |    |  |                 |                             |  |
| <ul style="list-style-type: none"> <li>Only approved trips will be covered.</li> <li>Follow school district procedures when requesting a substitute &amp; transportation. Indicate if bus will stay at site or will leave and then return later for pick-up.</li> <li>Mileage calculation is to begin/end from work or home, whichever is less miles.</li> <li>Check suitable Registration &amp; Lodging box below signifying to CTE what you want done. <b>(Event documentation must be attached if asking CTE to process the registration/lodging.)</b></li> <li>When requesting reimbursement, submit original itemized receipts.</li> <li>Incomplete or unclear expectations will delay processing.</li> </ul> |    |  |                 |                             |  |
| <b>Registration Fee</b>  | \$ | <b>*Registration &amp; Lodging Process</b>   |                 |                             |  |
| <b>Lodging</b>   | \$ | <i>Indicate to EFE your expectations below:</i>  |                 |                             |  |
| <b>Travel by car:</b><br># of miles X \$ 0. per mile =   | \$ | <ul style="list-style-type: none"> <li>Please register and/or obtain lodging. <b>(Be sure to attach completed registration form and/or lodging information.)</b></li> </ul>                      |                 |                             |  |
| <b>Travel - Alternative</b>  | \$ | <ul style="list-style-type: none"> <li>Registration was already faxed or submitted online by instructor; please send payment. <b>(Be sure to provide payment detail information.)</b></li> </ul> |                 |                             |  |
| <b>Total Meal Expense</b>  | \$ | <ul style="list-style-type: none"> <li>Registration and payment made by instructor who will request reimbursement after submitting detailed original receipts.</li> </ul>                        |                 |                             |  |
| <b>Other (specify)</b>   | \$ | <ul style="list-style-type: none"> <li>NO registration cost to CTE</li> </ul>  |                 |                             |  |
| <b>TOTAL EXPENSE ESTIMATE</b>  | \$ | <ul style="list-style-type: none"> <li>Lodging was secured by instructor; instructor will pay and request reimbursement after submitting detailed original receipts.</li> </ul>                  |                 |                             |  |
| Section #3: Instructor Signature   |    |  |                 |                             |  |
| Signature:   |    |  |                 | Date:                       |  |
| <b>NOTE:</b> Instructors will receive notice of their approved request in an email from CTE.   |    |  |                 |                             |  |
| Section #4: CTE Program Administrator Signature  |    |  |                 |                             |  |
| Your request for expenses is: DENIED   |    |  | APPROVED        |                             |  |
| CTE Program Administrator Signature:   |    |  | APPROVED FOR \$ |                             |  |
|  |    |  | Date:           |                             |  |