



**For office use only:**

CTE Vendor Number: \_\_\_\_\_  
 CTE ASN: \_\_\_\_\_  
 Amount: \_\_\_\_\_

## CTE Teacher Reimbursement Form

When requesting reimbursement for professional development, field trips, CTSO etc., the following form must be completed and returned, with original receipts, to your CTE Program Administrator for processing. Final expenses will be audited and sent to the Kalamazoo RESA business office for dispensation. Note it may take up to four weeks to receive a check from Kalamazoo RESA. (Incomplete paperwork will delay processing.)

**Complete sections #1 - 4 below. Attach original DETAILED receipts and return to your Program Coordinator.**

| Section #1: Instructor/Program Information   |                          |          |   |                              |   |                                  |                    |       |       |       |       |
|--|--------------------------|----------|---|------------------------------|---|----------------------------------|--------------------|-------|-------|-------|-------|
| Instructor Name  |                          |          | CTE Program                                   |                              |   |                                  | Date Sent to KRESA |       |       |       |       |
| Request is for:  | Professional Development |          | Field Trip                                    |                              | Student Organization (CTSO)   |                                  |                    |       |       |       |       |
| Name of the event:   |                          |          | Location of the event:                        |                              |   | Date of the event:               |                    |       |       |       |       |
| Section #2: Check Request (Original event documentation must accompany request.)   |                          |          |   |                              |   |                                  |                    |       |       |       |       |
| <b>Check the box below indicating action you would like CTE staff to take on your behalf</b>   |                          |          |   |                              |   |                                  |                    |       |       |       |       |
| <input type="checkbox"/> Reimburse teacher   |                          |          | <input type="checkbox"/> Pay attached invoice |                              |   | <input type="checkbox"/> Other : |                    |       |       |       |       |
| Attached is my completed W-9<br>(Form can be found on <a href="http://www.kresa.org/efe/forms">www.kresa.org/efe/forms</a> )   |                          |          |   | OR                           | I have a completed W-9 on file with Kalamazoo RESA.   |                                  |                    |       |       |       |       |
| Section #3: Actual Expenses  |                          |          |   |                              |   |                                  |                    |       |       |       |       |
| <ul style="list-style-type: none"> <li>Reimbursement can only take place AFTER attending professional development, field trip, CTSO, etc.</li> <li>Requests need to be submitted within 30 days following the event.</li> <li>Original, detailed receipts (no copies) are required for reimbursement.</li> </ul> |                          |          |   |                              |   |                                  |                    |       |       |       |       |
| Registration Fee   |                          |          | \$  |                              | Meal Expense Calculation  |                                  |                    |       |       |       |       |
| Lodging  |                          |          | \$  |                              | <ul style="list-style-type: none"> <li>Credit card summary receipts WILL NOT be accepted.</li> <li>Original, ITEMIZED RECEIPTS need to be attached.</li> <li>KRESA CTE maximum reimbursement per meal below.</li> </ul> |                                  |                    |       |       |       |       |
| # of miles   |                          | X \$     |   | Travel by Car:<br>per mile = |   |                                  |                    |       |       |       |       |
| Travel - Alternative   |                          |          | \$  |                              | MAXIMUM ALLOWED:  |                                  | Day 1              | Day 2 | Day 3 | Day 4 | Day 5 |
| Total Meal expense   |                          |          | \$  |                              | Breakfast = \$10.00   |                                  |                    |       |       |       |       |
| Other (specify)  |                          |          | \$  |                              | Lunch = \$15.00   |                                  |                    |       |       |       |       |
| TOTAL ACTUAL EXPENSE   |                          |          | \$  |                              | Dinner = \$24.00  |                                  |                    |       |       |       |       |
| Section #4: Instructor Signature   |                          |          |   |                              |   |                                  |                    |       |       |       |       |
| Signature:   |                          |          |   |                              | Date:   |                                  |                    |       |       |       |       |
| Section #5: CTE Program Administrator Signature  |                          |          |   |                              |   |                                  |                    |       |       |       |       |
| This request is:   |                          | APPROVED | DENIED  | APPROVED FOR \$              |   |                                  |                    |       |       |       |       |
| CTE Program Administrator Signature:   |                          |          |   |                              | Date:   |                                  |                    |       |       |       |       |
| FOR CTE OFFICE USE ONLY:   |                          |          |   |                              | Date received:  |                                  |                    |       |       |       |       |
| Subtract expenses previously paid (KRESA credit card, etc.)  |                          |          |   |                              | NOTES:  |                                  |                    |       |       |       |       |
| <b>NET REIMBURSEMENT</b>   |                          |          |   |                              | \$  |                                  |                    |       |       |       |       |