

Pre-Approval for PD, Field Trip, CTSO

Any professional development, field trip, or CTSO participation requires this form to be on file and approved by the CTE team prior to the event occurring. 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.

Fill in all information in sections #1 & #2 below with estimated expenses for the event. If there are no expenses, please mark \$0. 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 box that applies)	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"> Only approved trips will be covered. Follow school district procedures when requesting a substitute & transportation. Indicate if bus will stay at site or will leave and then return later for pick-up. Mileage calculation is to begin/end from work or home, whichever is less miles. Check Registration & Lodging box below signifying to CTE what you want done. (Event documentation must be attached if asking CTE to process the registration/lodging.) <ul style="list-style-type: none"> When requesting reimbursement (after the event), submit original itemized receipts. Incomplete paperwork can delay the process. 					
Registration Fee		\$	*Registration & Lodging Process		
Lodging		\$	Indicate to CTE your expectations: Check Below		
# of miles	X \$ 0.	Travel by car: per mile =	Please register and/or obtain lodging. (Be sure to attach completed registration form and/or lodging information.)		
Travel - Alternative		\$	Registration was already faxed or submitted online by instructor; please send payment. (Be sure to provide payment detail information.)		
Total Meal Expense		\$	Registration and payment made by instructor who will request reimbursement after submitting detailed original receipts.		
Other (specify)		\$	No registration cost to CTE		
TOTAL EXPENSE ESTIMATE		\$	Lodging was secured by instructor; instructor will pay and request reimbursement after submitting detailed original receipts.		
Section #3: Instructor Signature					
Signature:			Date:		
NOTE: Instructors will receive notice of their approved request in an email from CTE.					
Section #4: CTE Signature					
Your request for expenses is:	DENIED	APPROVED	APPROVED FOR	\$	
CTE Signature:			Date:		