# Pre-Approval for PD, FT, CTSO

To be used when requesting funding for a conference, professional development, field trip, or student organization (CTSO) event.

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. Please see instructions on page 2.

Section #1: Instructor/Program Information									
Instructor Name		CTE Program					Date sent to KRESA CTE		
Request is for: (Check box that applies)	Professional Developme	nt	Fiel	d Trip			Student Organization (CTSO)		
Name of the event:					Location of the event:				
Date(s) of event:						ts impacted (if applicable):			
Reason for the conference/field trip/CTSO event:				Number of students impacted (if applicable).					
<ul> <li>Section #2: Estimated Expenses         <ul> <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 Registration &amp; Lodging box below signifying to CTE what you want done. (Event documentation must be attached if asking CTE to process the registration/lodging.)                  <ul></ul></li></ul></li></ul>									
Expenses				<b>Registration &amp; Lodging Process</b> Indicate to CTE your expectations (Check Below)					
Registration Fee	\$		Please register and/or obtain lodging. (Be sure to attach registration link and/or lodging information).Image: Comparison of the sure to provide payment information of the sure to provide payment information).Registration was already submitted by instructor; please send payment. (Be sure to provide payment information).Image: Comparison of the sure to provide payment information).						
Lodging	\$								
Travel by car: # of I	\$	F							
Travel – Alternative	\$	9							
Meal Expense(s)			Registration and/or lodging payment made by instructor who will request reimbursement (In the circumstance that CTE is unable to help with registration/payment in time						
Other (Specify)	<b>Y</b>								
Total Estimated Expenses				of the event)					
		\$		No registration cost to CTE.					
Section #3: Instructor Signature (Note: Instructors will receive notice of their approved request in an email from CTE.)									
Signature:				Date:					
Section #4: CTE Signature									
This request is:	Approved: Denied: Approve			for \$ Budget Unit/Account #					
CTE Signature:				Date:					



# **Pre-Approval Instructions**

To be used when requesting funding for a conference, professional development, field trip, or student organization (CTSO) event.

**IMPORTANT**: Requests need to be submitted, minimally 30 days, prior to an event when asking Kalamazoo RESA/CTE to assist with conference pre-registration and/or hotel accommodations. Be sure requests are clear, otherwise processing will be delayed.

#### Section #1: Instructor/Program Information

o Fill out all areas entirely. Information is needed for grant recordkeeping.

#### Section #2: Estimated Expenses

- Fill in relevant sections below *Estimated Expenses* (the box on left) using dollar amounts.
  - ✓ Registration Fee: list registration expense associated with event.
  - ✓ Lodging: list anticipated hotel expense calculated using the number of nights needed.
  - ✓ Travel by Car Miles: document your mileage calculation beginning/ending from work or home, whichever is less miles.
  - ✓ Travel Alternative: attach a copy of travel estimate obtained from transportation or other entity.
  - ✓ Meals: anticipate out of pocket meal expense(s) not included under event's registration. CTE suggests using the MAXIMUM meal coverage listed on CTE reimbursement form as the estimate.
    - Daily Meal Expenses: Breakfast \$10, Lunch \$15, Dinner \$24
  - ✓ Other (Specify): E.g. parking fees, tips, tolls, etc. (Receipts will be required for reimbursement.)
- If there are no expenses, please mark \$0
- $\circ$  Total Expense Estimate: provide total amount of the estimated request.

# **Registration & Lodging Process**

- Check area(s) that apply on right side of the expense box. NOTE: if nothing is marked, no action will be taken by CTE staff.
  - ✓ If asking CTE to assist with registration/lodging please include:
    - Registration link (with details needed for registration such as meal preferences, email, etc.)
    - Hotel link/contact information
    - Exact check-in/check-out dates
    - Any other necessary information

# Section #3: Instructor Signature

- o Sign and date form
- Submit form via email to your Program Coordinator. Expense requests need to be approved, and on file, before any assistance or reimbursement can take place.
  - ✓ The instructor will receive an email indicating whether or not the expense request was approved.

# **Additional Information:**

- It is very important that CTE understands your request. Attach documentation that explains who to contact, where to send check, and/or detailed receipts.
- If an instructor is being reimbursed, make sure you have a W-9 on file. (A copy of a new form can be found on the CTE web page.)