



SCHOOL YEAR: 21-22

VC# _____
 SP# _____

CONFERENCE/WORKSHOP REQUEST

FIELD TRIP TRANSPORTATION REQUEST

STUDENT COMPETITION REQUEST

WBL

OTHER: _____

DISTRICT: _____ REQUESTED BY: _____

OF STUDENTS YOU NOMINATED FOR DCTC OUTSTANDING STUDENT AWARD LAST YEAR: _____ THIS YEAR: _____

NUMBER OF STUDENTS YOU NOMINATED FOR A DCTC SCHOLARSHIP LAST YEAR: _____ THIS YEAR: _____

THIS SECTION IS FOR CONFERENCES AND WORKSHOPS

NAME OF ATTENDEE(S) : _____

DATE OF REQUEST: _____ # OF STAFF AFFECTED: _____ # OF STUDENTS AFFECTED: _____

CONFERENCE/WORKSHOP: _____

LOCATION: _____ EVENT DATES: _____

DESCRIPTION OF CONFERENCE & REASON FOR ATTENDING: _____

THIS SECTION IS FOR FIELD TRIPS, WORK-BASED LEARNING TRIPS AND CTSOs

NAME OF ATTENDEE(S) : _____ EVENT DATES: _____

DATE OF REQUEST: _____ # OF STAFF ATTENDING: _____ # OF CTE STUDENTS ATTENDING: _____

CTSO OR COMPETITION: _____

LOCATION: _____ # OF NON-CTE STUDENTS ATTENDING: _____

DESCRIPTION OF EVENT & REASON FOR ATTENDING: _____

Estimated Expenses

To be completed by teacher prior to event

Actual Expenses

To be completed by business office after event

TEACHER	STUDENTS	Registration:	TEACHER	STUDENTS
\$	N/A	# of Teachers/Advisors: _____ Per person registration fee: \$ _____	\$	N/A
N/A	\$	# of CTE Students*: _____ Per person registration fee: \$ _____ <i>(Must attach list of student names and home schools)</i>	N/A	\$
\$	N/A	Round Trip Auto mileage # miles: _____ current per mile rate: _____	\$	N/A
N/A	\$	Bus Transportation- Must provide accurate estimate for round trip	N/A	\$
\$	N/A	Staff Airfare - coach rate only (ticket receipt required)	\$	N/A
N/A	\$	Student Airfare - coach rate only (ticket receipt required)	N/A	\$
\$	\$	Distance from school to hotel: _____ <i>Attach agenda/activity schedule & Mapquest</i>	\$	\$
N/A	\$	Student lodging - # nights: _____ rate: \$ _____	N/A	\$
\$	N/A	Staff lodging - # nights: _____ rate: \$ _____	\$	N/A
\$	N/A	Meals: (original <i>itemized</i> receipt required - excludes alcohol) No. of Days _____ x \$40 MAX per day for Added Cost-tip 20% max	\$	N/A
\$	\$	Other (specify): _____	\$	\$
\$	N/A	Substitute Costs: No. of days _____ x rate _____ Must include FICA and retirement or contracted fees	\$	N/A
\$	\$	SUBTOTAL ESTIMATED EXPENSES	\$	\$
		GRAND TOTAL EST. EXPENSES	GRAND TOTAL ACTUAL EXPENSES:	

DCTC does not reimburse teachers. Your business office will reimburse you for your approved expenses and then invoice DCTC.

Receipts/back-up must be submitted to your business office within 1 week of attending event.

Added Cost & Perkins funds can only be used for CTE students and CTE certified teachers.

REQUESTER COMMENTS: _____

DCTC COMMENTS: _____

Building Principal Signature

DCTC Representative Signature

**IMPORTANT: THE LAST DAY FOR SUBMITTING REIMBURSEMENT REQUESTS IS MARCH 31ST.
LAST DAY FOR COMPLETING PD, FIELD TRIPS / WBL TRIPS IS APRIL 30TH**