



SCHOOL YEAR: 18-19

VC# _____
 SP# _____

CONFERENCE/WORKSHOP REQUEST **FIELD TRIP TRANSPORTATION REQUEST**
 STUDENT COMPETITION REQUEST **WBL** **OTHER:** _____

SCHOOL DISTRICT: _____ REQUESTED BY: _____
 NAME OF ATTENDEE(S) : _____
 DATE OF REQUEST: _____ # OF STAFF AFFECTED: _____ # OF STUDENTS AFFECTED: _____
 CONFERENCE/WORKSHOP: _____
 LOCATION: _____ EVENT DATES: _____
 DESCRIPTION OF CONFERENCE & REASON FOR ATTENDING: _____

***** EXPENSES WILL NOT BE REIMBURSED WITHOUT DCTC PREAUTHORIZATION*****

Estimated Expenses <i>To be completed by teacher prior to event.</i>			Actual Expenses <i>To be completed by business office after event.</i>	
TEACHER	STUDENTS		TEACHER	STUDENTS
\$	N/A	Registration: # of Teachers/Advisors: _____ registration fee: \$ _____		N/A
N/A	\$	# of CTE Students*: _____ registration fee: \$ _____ <i>(Must attach list of student names and home schools)</i>	N/A	
\$	N/A	Auto mileage: # miles: _____ current rate: _____		N/A
\$	\$	Bus Transportation- Must provide accurate estimate for round trip		
\$	N/A	Staff Airfare - coach rate only (ticket receipt required)		N/A
N/A	\$	Student Airfare - coach rate only (ticket receipt required)	N/A	
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	SUBTOTAL ACTUAL EXPENSES:	\$
\$	\$	GRAND TOTAL EST. EXPENSES	GRAND TOTAL ACTUAL EXPENSES:	\$

DCTC does not reimburse teachers. DCTC only reimburses business offices. Your business office will reimburse your approved expenses. 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.

EXPENSE/EQUIPMENT/MATERIALS/SUPPLIES REQUESTED :

DESCRIPTION: _____ COST: _____

WILL NEW EQUIPMENT REQUIRE BUILDING INFRASTRUCTURE WORK/CHANGES? _____ IF YES, YOU MUST GET APPROVAL FOR THESE INFRASTRUCTURE COSTS FROM YOUR ADMINISTRATOR PRIOR TO COMPLETING THE PURCHASE.

****DISTRICTS ARE RESPONSIBLE FOR THE COST OF ALL INFRASTRUCTURE CHANGES / WORK****

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**