

2017-2018

LANE ESD TSU REQUEST FOR REIMBURSEMENT FORM

TSU

Technical Skills Update

FOR OFFICE USE ONLY	Pay to:					
		Program			Acct	Amount

Applicant's Name: _____ Applicant's Email: _____

School: _____ Subject Area: _____ Work Phone: _____

ACTIVITY INFORMATION

Title/Description of Activity: _____ Date(s) of Activity _____

Location of Activity: _____ Substitute Full-day Half-day

PERKINS LOCAL PLAN ALIGNMENT (Check ONE)

- Standards & Content
- Alignment & Articulation
- Student Support Services
- Professional Development
- Accountability & Evaluation

BREAKDOWN OF FUNDS REQUESTED *Back-up documentation/Receipts must be attached

Substitute Cost: \$ _____ Registration* \$ _____ Travel* \$ _____

Other Costs*: \$ _____ Explanation: _____

ASSURANCES:

Approved Career & Technical Education professional development activities will:

- ☆ Focus on rigorous academic and technical skill attainment for students
- ☆ Result in improved student performance
- ☆ Improve utilization of data to improve student performance
- ☆ Promote integration: academic & technical, state & federal, secondary and post secondary

TOTAL REGION 5 FUNDS REQUESTED: \$ _____
Actual district sub rate will be paid

REIMBURSEMENT INFORMATION:

Reimbursement should be mailed to:

(check one and furnish address information)

- School district/agency/Comm. College
- Individual making application

Approval Signatures: REQUIRED*

Applicant*

District CTE Coordinator*

Building Principal/Dept Head*

Mail Reimbursement to: (Required)

Name _____

Address _____

City, State ZIP _____

TSU REQUESTS FOR FUNDING RECEIVED
AFTER JUNE 15TH OF THE FISCAL YEAR
MAY NOT BE PAID.

ESD STAFF USE ONLY

Contr. Schools

Basic

Reserve

ESD Tracking#: _____

Initials: _____

Supt.: _____

Kristin Gunson, Regional Coordinator, Lane ESD

DATE _____