



Technical Skills Update

LANE ESD TSU REQUEST FOR REIMBURSEMENT FORM

Table with columns: Pay to:, Program, Acct, Amount. Includes a vertical label 'FOR OFFICE USE ONLY'.

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, Construction/Engineering, Lane Healthcare Pathways, STEAMOn, EDS Tracking#, Initials, Supt., Kristin Gunson, Regional Coordinator, Lane ESD, DATE