

**AFESC REIMBURSEMENT REQUEST
FOR CTE PROFESSIONAL DEVELOPMENT ACTIVITIES**

This activity is above the required 60 professional development hours

Name: _____ School: _____

Address: _____

Name of Activity: _____

Date of Activity: _____ Location: _____

Mark Perkins Performance Indicator most closely associated with this activity:

- | | |
|--|--|
| <input type="checkbox"/> Reading/Lang Arts Academic Attainment | <input type="checkbox"/> Postsecondary Placement |
| <input type="checkbox"/> Mathematics Academic Attainment | <input type="checkbox"/> Student Graduation Rate |
| <input type="checkbox"/> Technical Skill Attainment | <input type="checkbox"/> Nontraditional Participation/Completion |

Mark required or permissive uses of funds associated with this activity: (all that apply)

- Integration of academic and technical skills
- Linking secondary and postsecondary CTE programs
- Experience in and understanding of all aspects of an industry
- Use of technology in CTE
- Prof development for teachers, administrators and counselors
- Evaluations of Perkins-funded programs
- Activities to prepare special populations who are enrolled in CTE programs
- Involvement of parents, business, or labor organizations in CTE programs
- Career guidance and academic counseling for CTE students
- Local education and business partnerships
- Support for CTE student organizations
- Mentoring and support services for CTE students
- Development of small, personalized career-themed learning communities
- Support for Family and Consumer Sciences programs
- CTE programs for school dropouts to complete secondary education
- Assistance for students in transition to further education or employment
- Training and activities in nontraditional fields
- Other (specify): _____

Please summarize what new learning or skills this activity provided, how the activity will improve student achievement in your school or classroom, and what kind of support you now need to enhance that achievement:

ATTACH RECEIPTS

Registration Fee: \$ _____

Parking Fee: \$ _____

Meals and Lodging: ITEMIZED RECEIPTS REQUIRED

Date	Breakfast	Lunch	Dinner	Lodging	Total Per Day

TOTAL FOR MEALS AND LODGING: \$ _____

Mileage: PAID AT CURRENT DISTRICT RATE

Date	From	To	Miles

Total Mileage: _____
X District Rate: \$ _____ per mile
TOTAL = \$ _____

TOTAL AMOUNT OF REIMBURSEMENT REQUESTED: \$ _____

I hereby certify that the account presented above is a correct and true statement of travel expenses incurred by me for the activity listed. I understand, that in order to be reimbursed, I will not be able to count this towards my 60 required professional development hours.

Date: _____

Signature: _____

Did you sign? Did you attach all receipts?

Send to the attention of Lori Mitchell, CTE Coordinator, 101 Bulldog Drive, Plumerville, AR 72127

Approval date: _____ by: _____ CTE Coordinator