

## NAESC Perkins Request for PD Approval &amp; Estimate of Travel Expenses

School Year \_\_\_\_\_

(NAESC Consortium Use only)

Teacher Name: \_\_\_\_\_

School District \_\_\_\_\_

Program Area: \_\_\_\_\_

Location \_\_\_\_\_

Name of Activity: \_\_\_\_\_

Date(s) of Activity: \_\_\_\_\_

The GSA Per Diem [www.gsa.gov](http://www.gsa.gov) per night is \_\_\_\_\_. I am requesting permission to exceed the rate by \_\_\_\_\_ per night. (explanation)

Mark Perkins Performance Indicator most closely associated with this activity:

☐ Reading/Lang Arts Academic Attainment☐ Mathematics Academic Attainment☐ Technical Skill Attainment☐ Postsecondary Placement☐ Student Graduation Rate☐ Nontraditional Participation/Completion

Mark required or permissive uses of funds associated with this activity:

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

Qty.	Approximate Expected Costs		
	Description	Unit Price	Amount
	*Lodging (0 balance)		
	*Meals (itemized receipt)		
	*Incidental—registration (0 balance)		
	*Incidental--parking		
	Travel		

\*Receipts required

Estimated total

\_\_\_\_\_  
Teacher Signature DATE\_\_\_\_\_  
Superintendent or Supt. Designee Signature DATE\_\_\_\_\_  
Coordinator Signature DATE

NAESC Use

☐ Approved

Date \_\_\_\_\_

This document must be completed, signed by all parties, and approved in order for Perkins funds to be obligated for this activity.