

Delabar CTE System

CTE – Education That Works

121 S. Prairie

Galesburg, IL. 61401

Phone 309.345-3828

Fax 309.345-6735



Professional Development FY2021 Form

Please email completed and signed form to bstegall@roe33.net

THIS BOX FOR DELABAR ADMIN USE ONLY:	
Date:	_____
Budget Account Codes:	_____

Total of Expenses:	_____
Issue Payments to:	_____

School District/
Program Area: _____

Name: _____

Professional Development: _____

Date/Location of Activity: _____

Substitute Required: Yes No

Do you want registration prepaid? Yes No

Registration Link: _____
(or attach completed Registration Form)

Estimated Expenses:

Registration Fee:		Transportation (Mileage \$0.58/ml)	
Hotel:		Sub Fee's (# of Days X District Rate)	
Meals:		Total of All Expenses:	

Approval

District Administrator Signature: _____ Date: _____

System Director Signature : _____ Date: _____

Complete Upon Return of Activity

Include all documentation--original receipts (excluding charge card receipts), agenda from activity, MapQuest/Google Maps indicating mileage--and re-submit form to Delabar CTE System.

Actual Expenses:

Contact Information for Reimbursement:

Registration:	Transportation:	Address:	
Hotel:	Sub Fee:	City, State, Zip:	
Meals:	Total:	Email & Phone:	

Final Approval

SYSTEM DIRECTOR SIGNATURE: _____ DATE: _____

