

# Professional Development Request Form

Regional Office of Career & Technical Education

2201 Toronto Road, Springfield IL 62712 - 217.529.3716 - efe310manager@rocte.org

District Name	
School Name	
School Address	Street Address + City + Zip

Attendee Name	
Attendee Email	
Attendee Phone	
Attendee EIN	

Event Name	
Event Location	City + State
Event Date(s)	
Event Website	

<b>Registration</b>	
Please note: Membership dues are not allowable uses of grant funds.	
Register me	\$
Reimburse me	\$
Registration fee reimbursement for out-of-pocket costs will not be considered without proof of registration and payment.	

<b>Substitute Coverage</b>	
Please note: District must invoice ROCTE for substitute reimbursement.	
Number of days	
District rate per day	\$

<b>Lodgings</b>	
Please note: You must arrange and pay for overnight accommodation.	
Number of nights	
Room rate per night	\$
Requests for reimbursement of lodging costs will not be considered without an original copy of final folio from hotel property showing zero balance.	

<b>District Approval</b>	
Administrator Approval	

<b>ROCTE Approval</b>	
ROCTE Director Approval	