



**Tazewell Co/Area Education for Employment 320**  
**REQUEST FOR CTE PROFESSIONAL DEVELOPMENT FUNDS**  
**Fax: 309-353-1350**



*Note: All requests must be approved prior to travel. Reimbursement will NOT be made without receipts. Submit ALL receipts.*

School:

School Address:

CTE Teacher(s) Attending Professional Development (one teacher per box):

<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>
<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>

Date of Professional Development:  Location:

Description of Professional Development:

**EXPENDITURES:**

Lodging	# Rooms or Nights		Room Rate		Lodging Total	
Registration	# Teachers		Per Person		Registration Total	
Substitute Cost	# Subs		Sub Daily Rate		Sub Cost Total	
Stipend (if applicable)	# Teachers		Stipend Rate		Stipend Total	
					<b>GRAND TOTAL</b>	

Attendee Signature	Date	Attendee Signature	Date
Attendee Signature	Date	Attendee Signature	Date
Board of Control Representative	Date	System Director	Date