

**ST CLOUD AREA SCHOOL DISTRICT 742
CAREER AND TECHNICAL EDUCATION (CTE)
PERKINS VOCATIONAL EDUCATION ACT**

PROFESSIONAL DEVELOPMENT REQUEST / JUSTIFICATION

Date: _____

Teacher: _____

Building: _____

License #: _____

OE Code: _____

Phone ext.: _____

Email: _____

Dates of Conference/Seminar/Training: _____

Time(s): _____

Location: _____

Mileage: _____

Cost of Conference/Seminar/Training: _____

Vendor (who should payment be made to?): _____

Conference/Seminar/Training Description: ***(please attach copy of flyer and completed registration form)***

Why is this event important?

How will it enhance your program?

	Vendor Name	Address	City, State, Zip	Phone	Cost per piece	Total Cost	Approved Amount
Travel & Conferences							
Food*							
Sub*							
Mileage							
TOTAL							

****Funds are not typically available for this UFARS code for field trips. Please indicate any special circumstances.***

Be sure to attach back-up information.

Received by CTE Officer: _____ Date: _____

Approved by: _____ Date: _____

Only one professional development request per form.