



**CAREER & TECHNOLOGY EDUCATION  
PROFESSIONAL DEVELOPMENT FUNDING REQUEST**

Name of Meeting \_\_\_\_\_

Place of Meeting \_\_\_\_\_

Dates of Meeting \_\_\_\_\_

Purpose of Activity  
\_\_\_\_\_  
\_\_\_\_\_

How will you relate this information to your area of teaching?  
\_\_\_\_\_  
\_\_\_\_\_

How will you relay this information to your colleagues when you return?  
\_\_\_\_\_  
\_\_\_\_\_

**Chargeable expenses pertaining to this meeting.**

1. Airfare/Transportation \_\_\_\_\_

2. Lodging \_\_\_\_\_

3. Registration Fee \_\_\_\_\_

4. Per Diem \_\_\_\_\_

5. Other Expenses (explain)  
\_\_\_\_\_

6. Total Anticipated Expenses \_\_\_\_\_

7. Amount of Matching Funds \_\_\_\_\_  
Who will provide the matching funds?  
\_\_\_ You \_\_\_ School \_\_\_ Other

8. Amount Requested from CTE \_\_\_\_\_  
Subtract Line 6 from Line 5

Name \_\_\_\_\_ Date \_\_\_\_\_

School \_\_\_\_\_ Subject Area \_\_\_\_\_

School Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Principal's Signature \_\_\_\_\_

Out of state requests must be submitted to the CTE department two months prior to departure. Instate requests must be submitted one month prior to departure. **After CTE approval, regular Denver Public Schools travel procedures must be followed.**

Submit your travel request to Karen Ellis or Judy Morr in the CTE Office located at 1250 Welton St. **Please attach a copy of conference brochure.**

Funding Request Approved \_\_\_ yes \_\_\_ no \_\_\_\_\_ CTE Team Initials & Date