Department of Career Technical Education CTSO Sponsor Travel to National Competition Planning Form

The Department of Career & Technical Education congratulates you and your students for qualifying to participate in the national competition(s) for your Career & Technical Student Organization (CTSO). Carl Perkins Career & Technical Education Improvement Act of 2006 Federal Grant funds may only be used to assist the affiliated chapter advisor to travel with 1st place state winners to CTSO National competitions.

Please complete this planning form which will be used to provide you with out of county travel funding. Note that all information and estimates must be provided and completed <u>before</u> funding will be approved. **After funding is approved**, <u>it is your responsibility</u> to make arrangements for airline and hotel reservations. Work through your school bookkeeper to book flights, hotel and pay registration using the school's purchasing card. We will reimburse the school for approved hotel, flight and registration expenses. Charges for rental cars will not be approved or reimbursed. **This form must accompany the Out of County Leave and Travel Expense Report approved by your school administration, with all requested backup information supporting lodging, airfare and registration costs.**

Advisor Name			School		CTSO Affiliation		Number of 1st Place Winners		
Destination (City)			Advisor Home Phone		Number Ad		dvisor Cell Phone Number		
From (Date)		Time A.M		lanning Worl	To (Date)	Time A.M./P.M.		
Planning Worksheet Note: Receipts must be submitted for all expenses except meals and mileage.									
Day:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Weekly Total	
Date:									
Registration:									
Airfare:									
Lodging:									
Breakfast (\$6):									
Lunch (\$11):									
Dinner (\$19):									
Parking:									
Taxi:									
Tolls:					+		+		
Mileage: 2									
Daily Total:									
Air Carrier Name/ Phone Number					Hotel Name/Phone Number				
-	All Carrier N	ame/ Phone N	umber		по	ter Name/P	none Number		
						Hotel Address			
I understand tha	t it is my resp	onsibility to cor	nplete an <i>Out</i>	of County Trave	l Leave and Tra			eived in the Office of	
		-	-			-		mitted for all expenses	
except meals an	d mileage. In	regards to mile	age, a print o	ut of the route y	ou took needs	s to accompa	ny the paperw	vork.	
Teacher Signature				e	Date				
aaA	roved:				_				
Janice Scholz, Directo				r, CTE		Date			