

LANE COUNTY PROFESSIONAL TECHNICAL EDUCATION CONSORTIUM REQUEST FOR FUNDING TECHNICAL SKILL UPDATING ACTIVITIES

DIRECTIONS

1. TSUs are available through District Career & Technical Education (CTE) Coordinators, the Division Chair of Coop Education at Lane Community College, or through the Regional Coordinator for Career & Professional Technical Education at Lane ESD. See listing below.

Administrators do not qualify for TSU Funding.

District	CTE Coordinator	District	CTE Coordinator
Bethel	Dean Nussbaum	Lowell	Aaron Brown
Blachly	Kristin Gunson, Lane ESD	Mapleton	Aaron Longo
Creswell	Jan Ophus	Marcola	Kristin Gunson, Lane ESD
Crow	Ron Osibov	McKenzie	Elaine Bryson
Eugene	Brad New	Oakridge	Don Kordosky
Fern Ridge	Jackie Turle	Pleasant Hill	Robert Finger
Junction City	Mark Schneider	Siuslaw	Mark Durbin
LCC	Andrea Newton, Co-op Educ.	South Lane	Ricardo Florez
Lane ESD	Kristin Gunson	Springfield	Hai Nguyen

2. Funding Cycle: July 1 - June 15

A total of two \$200 maximum fund requests may be submitted per applicant per funding year on a first come first served basis until funds are expended.

NOTE: Special requests will be taken into consideration. Please call Kristin Gunson, Regional Coordinator for Career & Professional Technical Education for prior approval at the phone number listed below.

3. **After the event,** complete the application on reverse side. Return the completed form to the CTE Coordinator at your district, or LCC Division Chair of Co-op Education (See listing above).

CTE Coordinators and/or LCC Co-Op Education Division Chair obtains necessary signatures and returns the completed request for reimbursement to the Career & Professional Technical Regional Coordinator at Lane ESD for payment at the address listed below:

Kristin Gunson
Lane ESD
1200 Hwy 99 N
Eugene, OR 97402-2033
541-461-8275
kgunson@lesd.k12.or.us

TSU REQUESTS FOR FUNDING RECEIVED AFTER JUNE 15TH OF THE FISCAL YEAR MAY NOT BE PAID.

2009-10 TSU

Technical Skills Update

LANE ESD PROFESSIONAL DEVELOPMENT FUNDING REQUEST FOR REIMBURSEMENT FORM

FOR OFFICE USE ONLY	Pay to:						
	<i>Program</i>					<i>Acct</i>	<i>Amount</i>
		2210		000	000	311	

NAME: _____ School: _____ Subject Area: _____

Location of Activity: _____ Date of Activity: _____

Activity attended: _____

• Funds were used for (please list individual amounts): _____ miles @ .30/mile
 _____ Substitute Reimbursement _____ Travel* (no receipt required for mileage)

_____ Registration Fees*

_____ Lodging*

_____ Food Meals*

_____ Printing/Supplies*

_____ Other*

***Receipt must be attached**

Total Amount Requested:

(\$200.00 Maximum)

Actual district sub rate will be paid

• Reimbursement should be mailed to: (check one and furnish address information)* **Required**

school district/agency/comm. college

individual making application

Mail Reimbursement to: (Required)

Name _____

Address _____

City, State ZIP _____

Approval Signatures:

Applicant*

Date

District CTE Coordinator* (Listed on back)

Date

Building Principal/Department Head*

Date

ESD Staff Use Only

Contr. Schools _____

Basic _____

Reserve _____

Math in CTE _____

ESD Tracking # _____

Initials _____

Director _____

*Obtain these signatures before submitting the form for reimbursement.

Kristin Gunson, CTE Reg. Coord, Lane ESD

Date