

# COLUMBUS COUNTY SCHOOLS PRIOR APPROVAL/REIMBURSEMENT REQUEST FOR STAFF DEVELOPMENT ACTIVITY

**Check appropriate box:**    ☐ Prepay Registration    ☐ Travel    ☐ Substitute Pay    ☐ Certificate Renewal

Name			
Last	First	Middle	Last 4 digits of SS Number
Address		School Assignment	
Email Address		@columbus.k12.nc.us    Teaching Assignment	
Title of Activity/Course/Workshop			Date(s) of Activity
Location of Activity/Course/Workshop			Institution offering credit
Description of workshop			

REGISTRATION IS THE ONLY ITEM ELIGIBLE FOR PRE-PAYMENT AND REGISTRATION FORMS MUST BE SUBMITTED WITH PRIOR APPROVAL 3 WEEKS BEFORE ACTIVITY FOR PRE-PAYMENT. IF REGISTRATION IS PREPAID AND YOU DO NOT ATTEND, IT BECOMES YOUR RESPONSIBILITY TO REIMBURSE THE REGISTRATION FEE TO COLUMBUS COUNTY SCHOOLS. IN ORDER TO BE REIMBURSED, YOU MUST RETURN THIS FORM WITH THE REQUIRED RECEIPTS ATTACHED AND THE "ACTUAL MILES TRAVELED" BLOCK SIGNED IF REQUESTING TRAVEL. TO VERIFY COMPLETION OF AN ACTIVITY, A GRADE REPORT OR A "CERTIFICATE OF CREDIT" IS REQUIRED. TO RECEIVE A TUITION REIMBURSEMENT, YOU MUST SUBMIT YOUR TUITION RECEIPT. IT IS YOUR RESPONSIBILITY TO TURN IN ALL REQUIRED DOCUMENTS TO THE DEPARTMENT DIRECTOR.

**Maximum allowable reimbursement rates for official business expenses:**

- a. Travel @ 53.5¢ per mile
- b. \*Meals (Meals are allowed only when overnight stay is required.)
- |            | <u>In-State</u> | <u>Out-of-State</u> | <u>*Applies ONLY when overnight stay is required.</u> |
|------------|-----------------|---------------------|---|
| Breakfast: | \$ 8.30         | \$ 8.30             | *Breakfast: Depart prior to 6:00 a.m.                 |
| Lunch:     | \$10.90         | \$10.90             | *Lunch: Depart prior to 10:00 a.m.                    |
| Dinner:    | \$18.70         | \$21.30             | *Dinner: Return after 8:00 p.m.                       |
- c. Lodging:                      \$67.30                      \$79.50

<i>Employee Must Complete</i>		<i>Central Office Use Only</i>
<b>Estimated Costs:</b> <b>Complete BEFORE activity:</b> \$ _____ Registration (receipt required) \$ \$ _____ Lodging (receipt required) \$ _____ Total # Nights stay _____ \$ _____ Meals: Total # Breakfasts _____ Total # Lunches _____ Total # Dinners _____ \$ _____ Travel _____ miles @ 53.5¢ \$ _____ Other _____ \$ _____ Tuition _____ \$ _____ Total Reimbursement Requested	<b>Actual Costs:</b> <b>Complete AFTER activity:</b> _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____	Registration: \$ _____  Lodging: \$ _____  Meals: \$ _____  Travel: \$ _____  Other: \$ _____  TOTAL: \$ _____
<b>Complete</b> Departure Date/Time: _____      Return Date/Time: _____ <b>AFTER activity:</b> Actual Miles traveled: _____      Employee Signature: _____		

Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_

Signature of Superintendent/Principal/Director \_\_\_\_\_ Date \_\_\_\_\_

**PRINCIPAL/DIRECTOR CHECK SOURCE OF FUNDS:**

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Academically Gifted   | <input type="checkbox"/> Early College        | <input type="checkbox"/> Nurse Travel       | <input type="checkbox"/> Title III             |
| <input type="checkbox"/> Career Technical      | <input type="checkbox"/> Exceptional Children | <input type="checkbox"/> Social Work Travel | <input type="checkbox"/> Activity NOT Approved |
| <input type="checkbox"/> Central Office Travel | <input type="checkbox"/> JCPC Grant           | <input type="checkbox"/> Title I            |  |
| <input type="checkbox"/> DSSF                  | <input type="checkbox"/> More at Four         | <input type="checkbox"/> Title II           |  |

**(CENTRAL OFFICE USE ONLY)**

**INITIAL APPROVAL:**

Funding: ☐ Yes ☐ No  
Renewal Credit: ☐ Yes ☐ No

Department Director Signature \_\_\_\_\_ Date \_\_\_\_\_

VERIFICATION: I recommend that certificate renewal credit be given to the above employee. Completion of the above activity will be verified by the attachment of a "certificate of credit" or the receipt of a grade report.

**PREPAID EXPENSES**

Registration Payable to \_\_\_\_\_

Total Amount: \$ \_\_\_\_\_ Code: \_\_\_\_\_

\_\_\_\_\_  
Superintendent / Department Director Signature

\_\_\_\_\_  
Date

**FINAL PAYMENT APPROVAL**

Documentation of expense	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Prior Approval/Reimbursement Request Complete	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Appropriate activity for staff development	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Reimbursement grant approved	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Amount: \$ \_\_\_\_\_ Code: \_\_\_\_\_

\_\_\_\_\_  
Superintendent / Department Director Signature

\_\_\_\_\_  
Date