

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

Address \_\_\_\_\_ School Assignment \_\_\_\_\_

Title of Activity/Course/Workshop\_\_\_\_\_Teaching Assignment\_\_\_\_\_

Location of Activity/Course/Workshop\_\_\_\_\_ Date(s) of activity \_\_\_\_\_

Institution offering credit \_\_\_\_\_ # CEUs requested \_\_\_\_\_

Description of workshop \_\_\_\_\_

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

- b. \*Meals (Meals are allowed only when overnight stay is required.)**

<b>c. Lodging:</b>	<b>\$63.90</b>	<b>\$75.60</b>
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<i>Employee Must Complete</i>		<i>Central Office Use Only</i>
<b>Estimated Costs:</b>	<b>Actual Costs:</b>	
<b>Complete BEFORE activity:</b>	<b>Complete AFTER activity:</b>	
\$ _____ Registration (receipt required)	\$ _____	Registration: \$ _____
\$ _____ Lodging (receipt required)		
Total # Nights stay _____	\$ _____	Lodging: \$ _____
\$ _____ Meals:	\$ _____	
Total # Breakfasts _____		Meals: \$ _____
Total # Lunches _____		
Total # Dinners _____		Travel: \$ _____
\$ _____ Travel _____ miles @ 55.5¢	\$ _____	
\$ _____ Other _____	\$ _____	Other: \$ _____
\$ _____ Tuition	\$ _____	
\$ _____ Total Reimbursement Requested	\$ _____	TOTAL: \$ _____
<b>Complete AFTER activity:</b> Departure Date/Time: _____ Return Date/Time: _____ Actual Miles traveled: _____ Employee Signature: _____		

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

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

<input type="checkbox"/> Academically Gifted	<input type="checkbox"/> Drug Education	<input type="checkbox"/> Learn and Serve	<input type="checkbox"/> Social Work Travel
<input type="checkbox"/> Career Technical	<input type="checkbox"/> Early Reading First	<input type="checkbox"/> MSP	<input type="checkbox"/> Southeastern Early College
<input type="checkbox"/> Central Office Travel	<input type="checkbox"/> Exceptional Children	<input type="checkbox"/> More at Four	<input type="checkbox"/> State Staff Development
<input type="checkbox"/> DSSF	<input type="checkbox"/> Gear Up	<input type="checkbox"/> No Funding	<input type="checkbox"/> Technology Title II
<input type="checkbox"/> Directors Travel	<input type="checkbox"/> Instructional Technology	<input type="checkbox"/> Nurse Travel	<input type="checkbox"/> Title I
<input type="checkbox"/> Driver Training Education	<input type="checkbox"/> JCPC Grant	<input type="checkbox"/> Reading First	<input type="checkbox"/> Title II

**(CENTRAL OFFICE USE ONLY)**

**INITIAL APPROVAL:**

Funding:   \_\_\_ Yes   \_\_\_ No  
Renewal Credit:   \_\_\_ Yes   \_\_\_ No  
Technology Credit:   \_\_\_ Yes   \_\_\_ No

Staff Development Director \_\_\_\_\_ 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 / Staff Development Director

\_\_\_\_\_  
Date

**FINAL PAYMENT APPROVAL**

Documentation of expense   \_\_\_ Yes   \_\_\_ No  
Prior Approval/Reimbursement Request Complete   \_\_\_ Yes   \_\_\_ No  
Appropriate activity for staff development   \_\_\_ Yes   \_\_\_ No  
Reimbursement grant approved   \_\_\_ Yes   \_\_\_ No

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

\_\_\_\_\_  
Superintendent / Staff Development Director

\_\_\_\_\_  
Date