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

k appropriate bloc		nTravelSubstitu	tte PayCertificate Renewal				
Last	First	Middle La	ast 4 digits of Social Security Number				
ess		School A	School Assignment				
l Address		@columbus.k12.r					
of Activity/Course/	Workshop	Teaching A	Assignment				
ation of Activity/Cou	tion of Activity/Course/Workshop		Date(s) of activity				
ution offering credit		#	# CEUs requested				
cription of workshop							
UESTING TRAVEL. TO ECEIVE A TUITION RE REQUIRED DOCUMEN Maximum allowa' a. Travel @ 56.5	VERIFY COMPLETION OF AN A SIMBURSEMENT, YOU MUST SUITS TO THE STAFF DEVELOPMENT TO THE STAFF DEVELOPMENT PATES FOR OFFI	CTIVITY, A GRADE REPORT (BMIT YOUR TUITION RECEIP INT DIRECTOR. ficial business expenses: ght stay is required.) *Applies ONLY when *Breakfast: Depart pi *Lunch: Depart pi	"ACTUAL MILES TRAVELED" BLOCK SOR A "CERTIFICATE OF CREDIT" IS RECT. IT IS YOUR RESPONSIBILITY TO TURN OVER 15 TO 10:00 a.m. cior to 10:00 a.m. cter 8:00 p.m.				
Loughig.	Employee Must Co.	mplete	Central Office Use Only				
Estimated Cost Complete BEF	ORE activity:	Actual Costs: Complete AFTER activ	ity: Registration: \$				
\$	Total # Nights stay Meals:	\$ \$	Lodging: \$				
	Total # Breakfasts Total # Lunches		Meals: \$				
•	Total # Dinners Travel miles @ 56.5¢	¢	Travel: \$				
\$ \$	Other	\$ \$	Other: \$				
\$ \$	Tuition Total Reimbursement Requeste	\$ ed \$	TOTAL: \$				
Complete	Departure Date/Time:	Return l	Date/Time:				
AFTER activity	y: Actual Miles traveled:	Employee Signature:					
ature of Employee			Date				
nature of Superintendent	/Principal/Director		Date				
INCIPAL/DIRECTOR Academically Gifted Career Technical Central Office Travel DSSF	CHECK SOURCE OF FUND Early College Early Reading First Exceptional Childre Instructional Techno	Learn and Serv More at Four nNo Funding	veSocial Work Travel Title I 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 EXPENSE	ES
Registration Payable to	
Total Amount: \$ Code:	
Superintendent / Staff Development Director	Date

FINAL PAYMENT APPROVAL						
Documentation of expense Prior Approval/Reimbursement Request Complete Appropriate activity for staff development Reimbursement grant approved		No No				
Amount: \$ Code:						
Superintendent / Staff Development Director	or		Date			