

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.)**

| | | |
|--------------------|----------------|----------------|
| c. Lodging: | \$65.90 | \$78.05 |
|--------------------|----------------|----------------|

Signature of Employee _____ Date _____

Signature of Superintendent/Principal/Director _____ Date _____

| | | | |
|--|---|--|---|
| <input type="checkbox"/> Academically Gifted | <input type="checkbox"/> Early College | <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"/> More at Four | <input type="checkbox"/> Title I |
| <input type="checkbox"/> Central Office Travel | <input type="checkbox"/> Exceptional Children | <input type="checkbox"/> No Funding | <input type="checkbox"/> Title II |
| <input type="checkbox"/> DSSF | <input type="checkbox"/> Instructional Technology | <input type="checkbox"/> Nurse Travel | |
| <input type="checkbox"/> Driver Training Education | <input type="checkbox"/> JCPC Grant | <input type="checkbox"/> Race to the Top | |

(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