

**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:**

- a. Travel @ 56.5¢ 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>
<b>Breakfast:</b>	<b>\$ 8.20</b>	<b>\$ 8.20</b>	<b>*Breakfast: Depart prior to 6:00 a.m.</b>
<b>Lunch:</b>	<b>\$10.70</b>	<b>\$10.70</b>	<b>*Lunch: Depart prior to 10:00 a.m.</b>
<b>Dinner:</b>	<b>\$18.40</b>	<b>\$20.90</b>	<b>*Dinner: Return after 8:00 p.m.</b>
<b>Lodging:</b>	<b>\$65.90</b>	<b>\$77.90</b>	

- |                    |                |                |
|--------------------|----------------|----------------|
| <b>c. Lodging:</b> | <b>\$65.90</b> | <b>\$77.90</b> |
|--------------------|----------------|----------------|

<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 @ 56.5¢ \$ _____ Other _____ \$ _____ Tuition _____ \$ _____ Total Reimbursement Requested	<b>Actual Costs:</b> <b>Complete AFTER activity:</b> \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____	Registration: \$ _____ Lodging: \$ _____ Meals: \$ _____ Travel: \$ _____ Other: \$ _____ TOTAL: \$ _____
<b>Complete AFTER activity:</b>	Departure Date/Time: _____ Actual Miles traveled: _____	Return Date/Time: _____ Employee Signature: _____

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

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

CATEGORIES OF FUNDING		CATEGORIES OF FUNDING		CATEGORIES OF FUNDING	
<input type="checkbox"/>	Academically Gifted	<input type="checkbox"/>	Early College	<input type="checkbox"/>	Learn and Serve
<input type="checkbox"/>	Career Technical	<input type="checkbox"/>	Early Reading First	<input type="checkbox"/>	More at Four
<input type="checkbox"/>	Central Office Travel	<input type="checkbox"/>	Exceptional Children	<input type="checkbox"/>	No Funding
<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
				<input type="checkbox"/>	Social Work Travel
				<input type="checkbox"/>	Title I
				<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