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

Estimated Costs: Complete BEFORE activity: \$ Registration (BLE FOR PRE-PAYMENT FOR PRE-PAYMENT. IF R FHE REGISTRATION FEE HE REQUIRED RECEIPTS PLETION OF AN ACTIVITY TT, YOU MUST SUBMIT Y AFF DEVELOPMENT DIRI ment rates for official bu only when overnight stay Out-of-State \$ 8.20 \$ 10.70	@columbiTeaDatDat	chool Assignment bus.k12.nc.us caching Assignment ate(s) of activity # CEUs reques FRATION FORMS MUST N IS PREPAID AND YOU US COUNTY SCHOOLS UND THE "ACTUAL MIL REPORT OR A "CERTIFIN RECEIPT. IT IS YOUR ses:	sted I BE SUBMITTED WITH PRIOR U DO NOT ATTEND, IT BECOM IN ORDER TO BE REIMBURS LES TRAVELED" BLOCK SIGNE ICATE OF CREDIT" IS REQUIRI R RESPONSIBILITY TO TURN IN THE STATE OF CREDIT TO
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PRINCIPAL/DIRECTOR CHECK SOU Academically Gifted Ear	JRCE OF FUNDS: -ly College	Learn	and Serve	Social Work Travel
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Driver Training Education JCF	tructional Technology	LINUISC	/ I V I . I	

(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