

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
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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	\$77.90
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Signature of Employee _____ Date _____

Signature of Superintendent/Principal/Director _____ Date _____

FUNDING/GRANT OR OTHER SOURCE OF FUNDS:			
<input type="checkbox"/>	Academically Gifted	<input type="checkbox"/>	Early College
<input type="checkbox"/>	Career Technical	<input type="checkbox"/>	Early Reading First
<input type="checkbox"/>	Central Office Travel	<input type="checkbox"/>	Exceptional Children
<input type="checkbox"/>	DSSF	<input type="checkbox"/>	Instructional Technology
<input type="checkbox"/>	Driver Training Education	<input type="checkbox"/>	JCPC Grant
		<input type="checkbox"/>	Learn and Serve
		<input type="checkbox"/>	More at Four
		<input type="checkbox"/>	No Funding
		<input type="checkbox"/>	Nurse Travel
		<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