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

Check a	appropriate blocks:	Prepay Registration	Travel	Substitute Pay	Certificate Renewal
Name	Last	First	Middle	Last 4 d	igits of Social Security Number
Address					ment
				lumbus.k12.nc.us	
					nment
					ity
					s requested
Descrip	otion of workshop				
YOU MUREQUES	UST RETURN THIS FORM STING TRAVEL. TO VERIFEIVE A TUITION REIMBUT QUIRED DOCUMENTS TO Maximum allowable rei a. Travel @ 56.5¢ per b. *Meals (Meals are a Breakfast: Lunch: Dinner:	WITH THE REQUIRED RECE Y COMPLETION OF AN ACT RSEMENT, YOU MUST SUBN THE STAFF DEVELOPMENT mbursement rates for office	EIPTS ATTACH FIVITY, A GRA MIT YOUR TU F DIRECTOR. ial business ex at stay is requ *Applies	ED AND THE "ACT ADE REPORT OR A ' ITION RECEIPT. IT EXPENSES: ired.) ONLY when overses: Depart prior to Depart prior to	10:00 a.m.
	c. Loaging:	lete		Central Office Use Only	
	Estimated Costs: Complete BEFORE activity: \$ Registration (receipt required)		\$\$ \$\$ \$\$	AFTER activity: —— —— ——	Registration: \$ Lodging: \$ Meals: \$ Travel: \$ Other: \$
	\$ Total Reimbursement Requested \$ TOTAL: \$ Complete Departure Date/Time: Return Date/Time: AFTER activity: Actual Miles traveled: Employee Signature:				
	AFTER activity: Ac	ctual Miles traveled:	Employee	e Signature:	
Signatur	re of Employee			Date	·
Signatur	re of Superintendent/Princi	pal/Director		Date	<u> </u>
		CK SOURCE OF FUNDS:			□ a
	demically Gifted	Early College	⊢	earn and Serve	Social Work Travel
	eer Technical	Early Reading First	⊢	fore at Four	Title I
	tral Office Travel	Exceptional Children	├	o Funding	Title II
DSS		Instructional Technol	~~ 	urse Travel	
Driv	er Training Education	JCPC Grant	∐ R	ace 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					