

Check appropriate blocks: Prepay Registration Travel Substitute Pay Certificate Renewal

Address _____ School Assignment _____

Email Address _____@columbus.k12.nc.us

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:

- a. Travel @ 57.5¢ 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>
Breakfast:	\$ 8.20	\$ 8.20	*Breakfast: Depart prior to 6:00 a.m.
Lunch:	\$10.70	\$10.70	*Lunch: Depart prior to 10:00 a.m.
Dinner:	\$18.40	\$20.90	*Dinner: Return after 8:00 p.m.
Lodging:	\$65.90	\$77.90	

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|--------------------|----------------|----------------|
| c. Lodging: | \$65.90 | \$77.90 |
|--------------------|----------------|----------------|

<i>Employee Must Complete</i>		<i>Central Office Use Only</i>
Estimated Costs: Complete BEFORE activity: \$ _____ Registration (receipt required) \$ _____ Lodging (receipt required) Total # Nights stay _____ \$ _____ Meals: Total # Breakfasts _____ Total # Lunches _____ Total # Dinners _____ \$ _____ Travel _____ miles @ 57.5 \$ _____ Other _____ \$ _____ Tuition _____ \$ _____ Total Reimbursement Requested	Actual Costs: Complete AFTER activity: \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____	Registration: \$ _____ Lodging: \$ _____ Meals: \$ _____ Travel: \$ _____ Other: \$ _____ TOTAL: \$ _____
Complete AFTER activity:		Departure Date/Time: _____ Return Date/Time: _____ Actual Miles traveled: _____ Employee Signature: _____

Signature of Employee _____ Date _____

Signature of Superintendent/Principal/Director _____ Date _____

FUNDING SOURCE		SOURCE OF FUNDS:					
<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