

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
University of North Carolina	1
University of Wisconsin	1
University of Michigan	1
University of Texas	1
University of California	1
University of Illinois	1
University of Minnesota	1
University of Pennsylvania	1
University of Maryland	1
University of Washington	1
University of Arizona	1
University of Colorado	1
University of Florida	1
University of Georgia	1
University of Hawaii	1
University of Idaho	1
University of Iowa	1
University of Kansas	1
University of Kentucky	1
University of Louisiana	1
University of Maine	1
University of Massachusetts	1
University of Missouri	1
University of Montana	1
University of Nebraska	1
University of Nevada	1
University of New Hampshire	1
University of New Jersey	1
University of New Mexico	1
University of New York	1
University of North Carolina	1
University of North Dakota	1
University of Ohio	1
University of Oklahoma	1
University of Oregon	1
University of Pennsylvania	1
University of Rhode Island	1
University of South Carolina	1
University of South Florida	1
University of Tennessee	1
University of Texas	1
University of Utah	1
University of Vermont	1
University of Virginia	1
University of Washington	1
University of Wisconsin	1
University of Wyoming	1

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 _____

<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