

Public Schools of Robeson County

Prior Approval for Travel and/or In-Service Activity

Funding Source Covering the Expense for this Activity/Conference: State Title I Title II Other: _____

TO BE COMPLETED BY EMPLOYEE - Specify the Goal this training aligns with NC Star Comprehensive Improvement Plan Indicator: _____

Credit Area: Content Digital Learning General Leadership Literacy

Name: _____ PSRC Email: _____

Address: _____
PO Box/Street City State Zip Code

School: _____ Certification: _____ Grade: _____ Classified: _____

Name of Activity: _____ Location: _____

Date(s) of the Activity: _____

Beginning Date: _____ End Date: _____

This form *MUST* be completed and returned to the Staff Development Office **EIGHT (8) weeks Prior to the Activity/Conference.**

Contact Hours: _____ Do you plan to request renewal credit? Yes No
(The individual is responsible for submitting the proper documentation or certificate from the sponsor to the Staff Development Coordinator).

Name of Primary Instructor or Conference Organizer: _____

Are you requesting reimbursement? Yes No If so, indicate the amounts: _____

Select Rate of Substitute	Expenses you expect to be reimbursed (Estimate)	Amount Approved	FOR OFFICE USE ONLY
Non-Cert. \$129.19 Cert. \$143.17 Tea. Asst. \$185.27			Fund Source Code
Substitute			State: _____
Registration Fee			Title I: _____
Travel			Title II: _____
Lodging			Other: _____
**Food			
TOTAL			

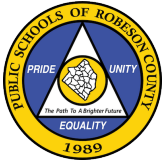
Signature of Employee: _____ Social Security Number: _____ Date: _____

Status Code:	A = Approved	B = Approved w/ No Reimbursement	C = Approved w/ Noted Revisions	D = Disapproved
Principal				
Staff Development Coordinator				
Program Supervisor				
Assistant Superintendent (Evaluator)				
Superintendent				

For Reimbursement and Renewal Credits: The reverse side of Form A must be completed and returned to the Program Supervisor within 10 days after the activity.

****MEALS ALLOWED ONLY IF OVERNIGHT STAY IS REQUIRED.**

FOR REIMBURSEMENT THIS FORM MUST BE RECEIVED AT CENTRAL OFFICE WITHIN 10 DAYS AFTER THE ACTIVITY.



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REQUEST FOR REIMBURSEMENT OF TRAVEL AND OTHER EXPENSES INCURRED IN THE DISCHARGE OF OFFICIAL DUTY

Instructions: Prepare one copy (in ink). Attach receipts for registration and hotel.

Date: _____ Social Security #: _____	FOR OFFICE USE ONLY
School/Department: _____	
Payee's Name: _____ Title/Subject Area: _____	
Payee's Address: _____	Vendor: _____
	Pay Code: _____
Period covered by this voucher (MUST FILL OUT)	
FROM Date: _____ Time: _____	Total Cost: _____
TO Date: _____ Time: _____	Less Advance: _____
	Reimbursement: _____

This is a true and accurate statement of expenses incurred in the service of the State.

I certify that the expenses incurred are necessary and proper and amounts claimed are just and reasonable.

Payee's Signature: _____ Date: _____ Principal/Program Supervisor: _____ Date: _____

Travel (Show Each City Visited)			Transportation			Subsistence			Other Exp.	Amount
DAY	From	To	(1) Mode of Travel	Private Car Mileage Daily	Amount	(2) Type	Amount	(3) Daily Totals	Explanation	
			Private Car (P)			Breakfast (B)			Registration	
			Air (A)			Lunch (L)			Hotel Tax	
			Staff (S)			Dinner (D)				
						Hotel (H)				
			Private Car (P)			Breakfast (B)				
			Air (A)			Lunch (L)				
			Staff (S)			Dinner (D)				
						Hotel (H)				
			Private Car (P)			Breakfast (B)				
			Air (A)			Lunch (L)				
			Staff (S)			Dinner (D)				
						Hotel (H)				
			Private Car (P)			Breakfast (B)				
			Air (A)			Lunch (L)				
			Staff (S)			Dinner (D)				
						Hotel (H)				
			Private Car (P)			Breakfast (B)				
			Air (A)			Lunch (L)				
			Staff (S)			Dinner (D)				
						Hotel (H)				

TOTALS

Mode of Travel (1)	Type of Subsistence (2)	In-State	Out-of-State	To Qualify for Meals
P - Private Car (0.67)	B - Breakfast	\$10.10	\$10.10	must leave by 6:00 am on day of departure
A - Air	L - Lunch	\$13.30	\$13.30	must leave by 10:00 am on same day
S - Staff	D - Dinner	\$23.10	\$26.30	must return after 8:00 pm on day of return
	H - Hotel	\$89.10	\$105.20	