

HOUSTON COUNTY BOARD OF EDUCATION
PRIOR APPROVAL REQUEST

ACTIVITY DATE: _____ REGISTRATION DEADLINE DATE*: _____

NAME OF STAFF TO ATTEND: _____

NAME OF ACTIVITY: _____

LOCATION OF ACTIVITY: _____

BRIEFLY DESCRIBE CONTENT: _____

- *CHECK ONE:** I will register myself and pay upfront (if fee) for this activity (will be reimbursed).
 I would like the Board to register and pay (if fee) on my behalf for this activity.
(Please attach ALL registration details and information).

THIS ACTIVITY IS SUPPORTING (CHECK ONE OR MORE):

- SCHOOL PLAN TEACHER EVALUATION IDEA
 PERKINS GOALS OTHER: _____

LIST SPECIFIC OBJECTIVE(S): _____

COST ESTIMATE FOR ACTIVITY:

1. Number of staff in activity: _____
2. Number of days for the activity: _____
3. Substitute teachers needed? ____ YES ____ NO (If yes, how many days: _____)
4. Registration fees: _____
5. Lodging: _____
6. Meals: _____ (Reimbursed at a flat rate of \$40 per day)
7. Roundtrip miles to travel: _____ @ \$0.625 = _____
8. Other expense(s): _____ Cost: _____

TOTAL ESTIMATED COST OF ACTIVITY: \$ _____

PRINCIPAL/SUPERVISOR SIGNATURE*: _____ **DATE:** _____

*(*By signing above you are approving this activity to address the needs and/or goals of your school.)*

CHECKLIST (all must be checked)

- Activity information (email, pamphlet, etc.) attached.
- All sections above are complete, including Principal/Supervisor signature.
- Acknowledge that *Reimbursement Request* should be submitted within three (3) business days upon return from the activity in order to be fully compensated.

TEACHER SIGNATURE: _____ **DATE:** _____

--- CENTRAL OFFICE USE ONLY ---

_____ **GENERAL PURPOSE** _____ **FEDERAL FUNDS**

- IDEA TITLE I TITLE II TITLE V PERKINS OTHER: _____

APPROVED BY: _____ **DATE:** _____