BLADEN COUNTY SCHOOLS
PRIOR APPROVAL REQUEST
FOR STAFF DEVELOPMENT ACTIVITIES

Name _____ Employee ID _____
Last First MI

Email Address: _____ School Assignment _____

Title of Activity/Course/Workshop _____ Date(s) of Activity _____

Location_____Institution Offering Credit _____

Description of Workshop _____

Registration and Lodging are the only items eligible for pre-payment. Registration form and lodging information must be submitted with prior approval **3 weeks before the activity** for pre-payment. If registration and lodging are prepaid and you do not attend, it becomes your responsibility to reimburse the registration and lodging fees to Bladen County Schools. In order to be reimbursed, you must return the **Final Reimbursement Request Form** with the required receipts attached and the "Actual Miles Traveled" completed with signatures.

To verify completion and CEU credit, you must submit to the Human Resources Office, a grade report or a "Certificate of Credit" upon your return.

Maximum allowable reimbursement rates for official business expenses:

Type	In-State	Details	Out-of-State
Breakfast	$10.10	Leave before 6:00 a.m.	$10.10
Lunch	$13.30	Lunch allowed only when overnight stay is required	$13.30
Dinner	$23.10	Return after 8:00 p.m.	$26.30
Lodging*	$89.10	*Attendees must utilize conference preferred lodging and rates. If conference lodging is booked or unavailable, alternative lodging must have prior approval by the attendee's supervisor.	$105.20
Travel		$0.67 per mile	

Estimated Cost
(Complete BEFORE Activity)

$_____ Registration
$_____ Lodging (receipt required)
Total # Nights Stay _____
$_____ Meals
Total # Breakfasts _____
Total # Lunches _____
Total # Dinners _____
$_____ Travel
Total # Miles _____
$_____ Other
$_____ Total Estimated Reimbursement

Pre-Pay
(Check One or Both)

☐ Registration
Vendor Name:_____
☐ Lodging
Vendor Name:_____

For Pre-payments you will need to attach two In-House Invoices. One for your registration and one for your hotel. Also attach registration and hotel confirmations.

Expense Code: _____

Signature of Employee:_____ Date:_____

Signature of Supervisor:_____ Date:_____

Signature of Program Administrator: _____ Date:_____

Signature of Finance Officer:_____ Date:_____

Revised: 07/31/2024