



Beaufort County Schools

PRIOR APPROVAL FORM

Name: _____

School / Department: _____

Email: _____

Licensure Area (s): _____

Professional Meeting: _____ Mode of Travel: _____

Location: _____ Sponsored by: _____

Educational Objective: _____

*** Please attach a copy of the workshop/ PD/ CTSO agenda or itinerary for this prior approval ***

Time / Date Departure: _____ Time / Date Return: _____

SEND PRIOR APPROVAL TO: (if applicable)

- | | |
|---|---|
| <input type="checkbox"/> CTE (V. Hamill) | <input type="checkbox"/> Federal Program (C. Potts) |
| <input type="checkbox"/> EC (P. Askew) | <input type="checkbox"/> Human Resources (L. Duke) |
| <input type="checkbox"/> Curriculum (C. LeCompte) | <input type="checkbox"/> Technology (B. Woolard) |

EXPENSES

(Please indicate exact amount requested)

- Do not request a meal reimbursement if a meal is provided with your registration fee

- For Breakfast Reimbursement you must depart prior to 6:00 am

- For Lunch Reimbursement you must depart prior to 10:00 am

- For Dinner Reimbursement you must return after 8:00 pm

Substitute Needed: ☐ No ☐ Yes - _____

- If yes, indicate number of days substitute is needed for.

Rooms: _____

- Advanced Payment with a check is preferred
- Travel P-Cards are available at Central Services

Travel: _____

- mileage verification is required

Meals: _____

- See above for reimbursement guidelines

Fees: _____

- Advanced Payment with a check is preferred
- Travel P-Cards are available at Central Services

Other: _____

SIGNATURES & FUNDING SOURCE

Immediate Supervisor Approval: _____ Date: _____

Funding Source & Code: _____

Director / Supervisor Approval: _____ Date: _____

