

PAMLICO COUNTY SCHOOLS
STAFF DEVELOPMENT PRIOR APPROVAL

Name _____

Workshop or Activity _____ Date(s) _____

Location _____ Sponsor and/or Instructor _____

Purpose: (***Please attach documentation which will include agenda and/or course outline.***)

of Days of Workshop _____ # of Days Substitute Will Be Needed _____

Please estimate expenses other than substitutes:

Registration Fee (***Receipt Required***) _____ Travel Mileage X **.625** _____

Hotel/Motel (***Receipt Required***) _____ Meals _____

Fund Code _____ **Total Cost of Activity** _____
(Include Cost for Sub)

Participant _____ Date _____
(Signature)

<i>For Central Office Use</i>	
Approved for Excess Hotel/ Motel Reimbursement	_____
Approved for _____ Credit	_____
Approved for Technology Renewal Credit	_____

<u>Travel and Subsistence Allowances and Guidelines (In-State)</u>	
PRIOR APPROVAL (WRITTEN) AND NECESSARY RECEIPTS ARE REQUIRED BEFORE REIMBURSEMENT WILL BE MADE.	
Hotel/Motel	\$78.90 Receipt Required.
Breakfast	\$9.00 (If activity requires employee to leavework site before 6:00 am.)
Lunch	\$11.80 (Overnight travel only)
Dinner	\$20.50 (If return to work site would be later than 8:00 pm)
Mileage	\$.625 per mile from work site and return

Supervisor _____ Date _____

Central Office
Director _____ Date _____

Sub Pay Code _____

This instrument has been preaudited in the manner required by the School Budget
and Fiscal Control Act _____

Date

Signature of Finance Officer