BLADEN COUNTY SCHOOLS

Instructions & Notes for the Request of Staff Development Activities

Prior to Attending Activity

Please check off the following as completed.

___ Complete the ***Prior Approval Request for Staff Development Activities*** form **before** you attend the activity.

___ Attach an In-House Invoice for registration **and** an In-House Invoice for the hotel if these items need to be pre-paid.

___ Attach a copy of the "activity flyer" with the Prior Approval form.

___ Email Heather Baldwin (hrbaldwin@bladen.k12.nc.us) to secure county car for travel. See note below.

___ Attach a copy of this completed and initialed check list with your Prior Approval form.

___ The Prior Approval Form **must** be signed in the order listed on the form.

___ A copy of the approved Prior Approval Form will be sent back to you for your records.

Important Notes

Please initial below indicating you've read and acknowledge Bladen County Schools procedures.

___ For events less than 100 miles—No overnight stay allowed, ***unless*** the event begins before 8 a.m.

___ For events more than 100 miles away—Overnight stay allowed prior to the event, but not on the last day ***unless*** the event ends after 6 p.m.

___ Ubers, taxi's, Lyfts, etc. are ***only*** eligible for reimbursement to and from an airport or the event if not staying on-site and free parking is not available.

___ ***Only in-state*** events sponsored by professional organizations are permitted and the Prior Approval form (including all required documentation), must be submitted **no less than 30 days prior** to the activity.

___ ***IF*** you wish to attend ***out-of-state*** PD, the Prior Approval form (including all required documentation), must be submitted to the **Superintendent's Office first**, no less than **45 days prior** to the activity.

___ If a county car is available, you cannot drive your own vehicle and submit mileage for reimbursement. Furthermore, if taking a county car and more than one person is attending the same event, you must carpool.

___ The cost to valet will not be reimbursed if self-parking is available.

___ To be eligible for reimbursement, you must submit the PD Summary Form with the Final Approval form and all other required documentation.

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 **no less than 30 days** before the activity. 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** **within 5 days of returning from the activity**, with the required documentation.

Maximum allowable reimbursement rates for official business expenses:

Type	In-State	Details	Out-of-State
Breakfast	$10.60	Leave before 6 a.m.	$10.60
Lunch	$14.00	Lunch allowed only when overnight stay is required	$14.00
Dinner	$24.40	Return after 8 p.m.	$27.70
Lodging*	$94.10	*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.	$111.10
Travel		.725 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 if you need a check in advance)

☐ 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 Exec. Director of HR/PD: _____ **Date:** _____

Signature of Finance Officer: _____ **Date:** _____

Revised: 01/09/2026