BLADEN COUNTY SCHOOLS

Instructions & Notes for the Request of Staff Development Activities

After Attending Activity

Please check off the following as completed.

___ Submit the ***Final Approval Request for Staff Development Activities*** form **within 5 days** of completing the activity.

___ You must submit the following documentation ***with*** the Final Approval form:

- Hotel Receipt
- Event Agenda
- Itemized receipts (excluding meals) for reimbursement
- Grade report or Certificate of Credit
- PD Summary (included below)

Bladen County Schools Professional Development Summary

Please use complete sentences to answer the following questions.

1. **What were your key takeaways from this PD experience?**

2. **How do you plan to apply what you learned to support your work?**

3. **What challenges, if any, do you anticipate in implementing what you learned, and how might the district help address them?**

BLADEN COUNTY SCHOOLS
FINAL REIMBURSEMENT REQUEST
FOR STAFF DEVELOPMENT ACTIVITIES

All final reimbursements must be submitted to finance within 5 days after activity is complete. Hotel receipt must be submitted in order to receive travel reimbursement. Attach agenda, hotel receipt, PD Summary, and any other receipts needed for reimbursement.

Name _____ Employee ID _____
Last First MI

Email Address: _____ School Assignment _____

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

Location _____ Institution Offering Credit _____

Type	In-State	Details	Out-of-State
Breakfast	$10.60	Leave before 6:00 a.m.	$10.60
Lunch	$14.00	Lunch allowed only when overnight stay is required	$14.00
Dinner	$24.40	Return after 8:00 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.	$110.10
Travel		.725 per mile	

ENTER ACTUAL COST TO BE REIMBURSED

$_____ Registration

$_____ Lodging Total # Nights Stayed _____

$_____ Meals # Breakfast _____ # Lunches _____ # Dinners_____

$_____ Travel Total Miles to and From _____

$_____ Other Attach Required Documentation

Expense Code: _____

Departure Date and Time:_____

Return Date and Time: _____

Signature of Employee:_____ Date: _____

Signature of Program Administrator:_____Date:_____

Signature of Finance Officer:_____Date:_____

Revised: 01/09/2026