**FORM A Revised August 2019**

|  |
| --- |
| **PUBLIC SCHOOLS OF ROBESON COUNTY****PRIOR APPROVAL FOR TRAVEL AND/OR IN-SERVICE ACTIVITY** |

**CIRCLE OR WRITE IN FUNDING SOURCE COVERING THE EXPENSE FOR THIS CONFERENCE**

 ***STATE TITLE I TITLE II OTHER***

**Forward completed form to the Staff Development Office Eight (8) weeks prior to the event**

**TO BE COMPLETED BY EMPLOYEE: SPECIFY THE GOAL THIS TRAINING ALIGNS WITH**

**NC Star Comprehensive Improvement Plan Indicator: ­­­­­­­­­­**

**Credit Area --- Content; Digital Learning; General; Leadership; or Literacy**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:

P. O. Box/Street City State Zip

School: ­­­­­­­ Certification: Grade: Classified:

Name of Activity: Location:

\*Dates of the Activity: Beginning Date: Ending Date:

**\*THIS FORM MUST BE RECEIVED AT CENTRAL OFFICE EIGHT (8) WEEKS PRIOR TO THE ACTIVITY.**

Contact Hours: Do you plan to request renewal credit? (The individual is responsible for submitting the proper documentation or certificate from the sponsor to the Staff Development Coordinator.)

Name of Primary Instructor or Conference Organizer:

Are you requesting reimbursement? If so, indicate amounts:

|  |  |  |  |
| --- | --- | --- | --- |
| Select rate of Substitute**86.12 110.88 175.24**Non-Cert. Cert. Tea. Asst. | Expenses you expect to be reimbursed**(Estimate)** | Amount Approved | **FOR OFFICE USE ONLY** Fund Source Code State Title II  Title I  Other  |
| Substitute |  |  |
| Registration Fee |  |  |
| Travel |  |  |
| Lodging |  |  |
| **\*\***Food |  |  |
|  TOTAL |  |  |

Signature of Employee Social Security Number Date

**Status Code: A=Approved B=Approved with no reimbursement C=Approved with noted Revisions D=Disapproved**

Principal Date CODE

Staff Development Coordinator Date CODE

Program Supervisor Date CODE

Assistant Superintendent (Evaluator) Date CODE

Superintendent Date CODE

**For Reimbursement and Renewal Credits: The reverse side of Form A and Form B must be completed and returned to the Program Supervisor within 10 days after the activity.**

**\*\*MEALS ALLOWED ONLY IF OVERNIGHT STAY IS REQUIRED*.***

**FOR REIMBURSEMENT THIS FORM MUST BE RECEIVED AT CENTRAL**

**OFFICE WITHIN 10 DAYS AFTER THE ACTIVITY.**

|  |
| --- |
| **REQUEST FOR REIMBURSEMENT OF TRAVEL AND OTHER EXPENSES** **INCURRED IN THE** **DISCHARGE OF OFFICIAL DUTY** |

 **Instructions: Prepare one copy (in ink). Attach receipts for registration and hotel.**

|  |  |
| --- | --- |
| Date: Social Security #:  |  **FOR OFFICE USE ONLY****Vendor #:****Pay Code:** |
| School/Department:  |
| Payee's Name: Title/Subject Area: |
| Payee's Address: | Total Cost |  |
| Period covered by this voucher **(MUST FILL OUT)**FROM: Date: Time:  | Less Advance |  |
| TO: Date: Time: | Reimbursement |  |

This is a true and accurate statement of expenses incurred expenses incurred in the service of the State.

Payee's Signature Date

I certify that the expenses incurred are necessary and proper and

 amounts claimed are just and reasonable.

 Principal/Program Supervisor Date

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Travel (Show Each City Visited) | Transportation |  Subsistence | Other Exp. | Amount |
| Day | From To | (1) Mode | Private CarMileage Daily | Amount | (2) Type | Amount | (3) Daily Totals | Explanation |
|  |  | P |  |  | B |  |  | Registration |  |
|  |  | A |  |  | L |  | Hotel Tax |  |
|  | S |  |  | D |  |  |  |
|  | R |  |  | H |  |  |  |  |
|  |  | P |  |  | B |  |  |  |  |
|  |  | A |  |  | L |  |  |  |
|  | S |  |  | D |  |  |  |
|  | R |  |  | H |  |  |  |  |
|  |  | P |  |  | B |  |  |  |  |
|  |  | A |  |  | L |  |  |  |
|  | S |  |  | D |  |  |  |
|  | R |  |  | H |  |  |  |  |
|  |  | P |  |  | B |  |  |  |  |
|  |  | A |  |  | L |  |  |  |
|  | S |  |  | D |  |  |  |
|  | R |  |  | H |  |  |  |  |
|  |  | P |  |  | B |  |  |  |  |
|  |  | A |  |  | L |  |  |  |
|  | S |  |  | D |  |  |  |
|  | R |  |  | H |  |  |  |  |
|  **TOTALS** |  |  |  |  |  |  |

**Mode of Travel (1) Type of Subsistence (2) In-state Out-of-State To Qualify for Meals**

P - Private Car (0.56) B - Breakfast Breakfast - $8.60 Breakfast - $8.60 must leave by **6:00 a.m.** on day of departure

A - Air L - Lunch Lunch - $11.30 Lunch - $11.30 must leave by **10:00 a.m.** on same day

S - Staff D - Dinner Dinner - $19.50 Dinner - $22.20 must return after **8:00p.m.** on day of return

R - Rental H - Hotel Hotel - $75.10 Hotel - $88.70