

PENDER COUNTY SCHOOLS

Prior Approval For Leave

THIS FORM MUST BE SIGNED AND APPROVED NO LESS THAN 2 WEEKS PRIOR TO THE CONFERENCE DATE.

Name:	Position:	Grade/Level:
School:	Address:	City, State, Zip:
Title of Conference:		
Location of Meeting:		Date(s):
School Improvement and/or Individual Growth Goal:		
CEU's Requested (supporting documentation required at end of activity):		

TRAVEL SUBSISTANCE RATES

	In-State	Out-of-State
Breakfast	\$ 8.40	\$ 8.40
Lunch	\$ 11.00	\$ 11.00
Dinner	\$ 18.90	\$ 21.60
Room	\$ 71.20	\$ 84.10

Will a substitute be needed? Yes No

What dates? _____

EXPENSE AUTHORIZATION

Amount Approved For:

Code: _____	Substitute: \$ _____
Code: _____	Registration: \$ _____
Code: _____	Transportation: \$ _____
Code: _____	Lodging: \$ _____
Code: _____	Meals: \$ _____
Code: _____	Other: \$ _____
	TOTAL: \$ _____

Check Transportation: ____ Air ____ Taxi ____ Personal Vehicle
 _____ Miles @ \$.535 per mile = \$ _____ Personal Vehicle

of nights _____ @ \$ _____ per night)
 Amounts exceeding state rate must have exceed form attached.

 (Example: parking, taxi, etc.)

Applicant's Signature _____	Date _____
Immediate Supervisor's Signature _____	Date _____
Professional Development Coordinator's Signature _____	Date _____
Program Budget Administrator's Signature _____	Date _____
Superintendent or Designee's Signature _____	Date _____

OUTSIDE AGENCY TO BE BILLED (IF APPLICABLE)

(NOTE: Include documented approval by
reimbursing agency.)

ANY EXPENSE NOT APPROVED PRIOR TO EXPENDITURES WILL NOT BE PAID

All travel forms should be submitted to the Finance Director on or before the fifth (5) of the month for the preceding month's travel.
 Any forms submitted to the finance department more than 30 days following the end of the month will not be processed for payment.
 (All June travel must be submitted for payment no later than June 24.)

**A copy of this form must accompany your reimbursement request.*

White: Payroll

Canary: Accounts Payable

Pink: Program Budget Administrator

Gold: School