

**A. ALAMANCE-BURLINGTON SCHOOL SYSTEM – STAFF DEVELOPMENT FORM**

Name \_\_\_\_\_ Emp. ID #/Vendor# \_\_\_\_\_ School \_\_\_\_\_

Home Address \_\_\_\_\_

Title of Activity \_\_\_\_\_

Location \_\_\_\_\_ Date(s) \_\_\_\_\_

**B. ESTIMATED REIMBURSEMENT SECTION**

<b>Estimated Expenses (Please Itemize):</b>	<i>Prepay</i>	
Registration Cost:	<input type="checkbox"/>	\$
Mileage (Home or worksite – choose closer):*		\$
Flight Cost:	<input type="checkbox"/>	\$
Other Costs (specify below):	<input type="checkbox"/>	\$
<b>Funding Department (Who pays?):</b> _____		

<b>Estimated Expenses (Please Itemize):</b>	<i>Prepay</i>		
Lodging Cost:*	<input type="checkbox"/>	\$	
<b>Meal Cost (Available only with overnight travel):*</b>			
<b>Date</b>	<b>Breakfast</b>	<b>Lunch</b>	<b>Dinner</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>TOTAL ESTIMATED COST:</b>		<b>\$</b>	

**C. PAYROLL/SUBSTITUTE SECTION**

**Substitute needed?**  Yes  No Number of days: \_\_\_\_\_

**D. APPROVAL SECTION**

Supervisor/Principal's Signature:	Date:
Director/Asst. Superintendent Signature:	Date:
Superintendent Signature: <i>(Required only for out-of-state travel. Attach Pre-Approval Request)</i>	Date:

**E. ACTUAL REIMBURSEMENT SECTION (to be filled out after the trip)**

Date	Meals * (overnight travel only)			Lodging * w/Receipt	Mileage – Round Trip	Mileage * Cost	Airfare w/Receipt	Parking/Taxi w/Receipt	Registration w/Receipt	Other w/Receipt	Daily Total
	Breakfast	Lunch	Dinner								
	\$	\$	\$	\$		\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$		\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$		\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$		\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$		\$	\$	\$	\$	\$	\$
<b>TOTAL ACTUAL TRAVEL:</b>											<b>\$</b>

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Under penalties of perjury, I certify this is a true and accurate statement of the travel expenses incurred in the service of the school system.

Finance Officer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This instrument has been preaudited in the manner required by the School Budget & Fiscal Control Act.

**\* MEAL, LODGING, & MILEAGE RATES**

	<u>In-State</u>	<u>Out-of-State</u>
Breakfast	\$8.60	\$8.60
Lunch	\$11.30	\$11.30
Dinner	\$19.50	\$22.20
Lodging (actual, up to)	\$75.10	\$88.70
Mileage	.575/mile	.575/mile

Rates for reimbursement in effect as of 1/1/20

**DIRECTIONS**

- Fill out sections A, B, and C.
- Print form and give to supervisor/principal for signatures. (section D)
- If out-of-state travel, Pre-Approval Request must be attached for Superintendent's signature. (section D)
- If submitting for prepay, please attach the completed registration form and prepay form.
- Before the workshop, please send original form to Director for approval and coding.
- After the workshop, complete section E, sign and return to the Finance Department for reimbursement.

<b>WORKSHOP BUDGET CODE:</b>	_____
<b>SUBSTITUTE BUDGET CODE:</b>	_____