

**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>		<b>Estimated Expenses (Please Itemize):</b>	<i>Prepay</i>		
Registration Cost:	<input type="checkbox"/>	\$	Lodging Cost:*	<input type="checkbox"/>	\$	
Mileage (Home or worksite – choose closer):*		\$	Meal Cost (Available only with overnight travel):*			
Flight Cost:	<input type="checkbox"/>	\$	Date	Breakfast	Lunch	Dinner
Other Costs (specify below):	<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"/>	<input type="checkbox"/>
<b>Funding Department (Who pays?):</b> _____			<b>TOTAL ESTIMATED COST:</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>											\$ _____

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**

	In-State	Out-of-State
Breakfast	\$8.40	\$8.40
Lunch	\$11.00	\$11.00
Dinner	\$18.90	\$21.60
Lodging (actual, up to)	\$71.20	\$84.10
Mileage	.535/mile	.535/mile

Rates for reimbursement in effect as of 7/1/17

**DIRECTIONS**

1. Fill out sections A, B, and C.
2. Print form and give to supervisor/principal for signatures. (section D)
3. If out-of-state travel, Pre-Approval Request must be attached for Superintendent's signature. (section D)
4. If submitting for prepay, please attach the completed registration form and prepay form.
5. Before the workshop, please send original form to Director for approval and coding.
6. 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>	_____