

PAMLICO COUNTY SCHOOLS
STAFF DEVELOPMENT ACTIVITIES

Name _____

Workshop or Activity _____ Date(s) _____

Location _____ Sponsor and/or Instructor _____

Purpose: ***(Please attach documentation which will include agenda and/or course outline.)***

of Days of Workshop _____ # of Days Substitute Will Be Needed _____ **Cost for Sub** _____

Sub Pay Code _____

Please estimate expenses other than substitutes:

Registration Fee ***(Receipt Required)*** _____ Travel Mileage X **.58** _____

Hotel/Motel ***(Receipt Required)*** _____ Meals _____

Fund Code _____ **Total Cost of Activity** _____
(Include Cost for Sub)

Participant _____ Date _____
(Signature)

<i>For Central Office Use</i>	
Approved for Excess	_____
Hotel/Motel Reimbursement	_____
Approved for Renewal Credit	_____
Approved for Technology	_____
Renewal Credit	_____

<u>Travel and Subsistence Allowances and Guidelines (In-State)</u>	
PRIOR APPROVAL (WRITTEN) AND NECESSARY RECEIPTS ARE REQUIRED BEFORE REIMBURSEMENT WILL BE MADE.	
Hotel/Motel	\$71.20 per night. Receipt Required.
Breakfast	\$8.40 (If activity requires employee to leave work site before 6:00 am.)
Lunch	\$11.00 (Overnight travel only)
Dinner	\$18.90 (If return to work site would be later than 8:00 p.m.) -
Mileage	\$.54 per mile from work site and return

Supervisor _____ Date _____

Staff Dev. Director/
Budget Manager _____ Date _____

This instrument has been preaudited in the manner required by the School Budget
and Fiscal Control Act _____

Date

Signature of Finance Officer