

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 .585) _____

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</u>	
PRIOR APPROVAL (WRITTEN) AND NECESSARY RECEIPTS ARE REQUIRED BEFORE REIMBURSEMENT WILL BE MADE.	
Hotel/Motel	-\$63.75 per night. Receipt Required.
Breakfast	-\$7.50 (If activity requires employee to leave work site before 6:00 a.m.)
Lunch	-\$9.75(Overnight travel only)
Dinner	-\$16.75(If return to work site would be later than 8:00 p.m.)
Mileage	-\$.585 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