

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 .55) _____Hotel/Motel (**Receipt Required**) _____ Meals _____

Fund Code _____

Total Cost of Activity _____
(Include Cost for Sub)

Participant _____ Date _____

(Signature)

For Central Office Use

Approved for Excess _____

Hotel/Motel Reimbursement _____

Approved for Renewal Credit _____

Approved for Technology _____

Renewal Credit _____

Travel and Subsistence Allowances and Guidelines

**PRIOR APPROVAL (WRITTEN) AND NECESSARY RECEIPTS ARE
REQUIRED BEFORE REIMBURSEMENT WILL BE MADE.**

Hotel/Motel -\$65.90 per night. **Receipt Required.**

Breakfast -\$7.75 (If activity requires employee to leave work site before 6:00 a.m.)

Lunch -\$10.10(Overnight travel only)

Dinner -\$17.30(If return to work site would be later than 8:00 p.m.)

Mileage -\$.55 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