

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 .50 \_\_\_\_\_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. <b>Receipt Required.</b>
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	-\$ .50 per mile <b>from work site</b> 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