# ASHE COUNTY SCHOOLS STAFF DEVELOPMENT PARTICIPATION REQUEST FORM

Request Section (Complete In Advance) Name						School Name						
Home Ado	dress											
Title of Ac	tivitv											
	of Activity					Da	te(s)					
Expenses (Itemize):					Substitutes will be required for the following days:							
Regist							st Date(s)		Rate of Pay			
	dging						,					
Mileage/	/Flight											
	Meals											
1	Code					Code						
	al Sectio	n (Comp			•							
articipant Signature Date Immed				Immedia	te Supervisor	I	Date	Fund sou	rce appro	val as nece	<b>ssary</b> Dat	
		<u> </u>	10			ı						
nstruction		Section	(Comp	lete A	ter Activity)							
<ul><li>3. Atta</li><li>4. Lod</li><li>5. Par</li><li>6. Sav</li></ul>	ach receipts Iging is only ticipant and e a copy of	for registra reimbursed participant this form fo	ition, lodgi d if your de t's supervis or your rec	ng, air tra estinatior sor signat ords and	a, or course syllab avel and other mis n is more than 75 cure is required. C send a copy to the urate statement of the	scellaneous miles from Out of state he fund sou	Defferson PD requirurce for the	. See guide es approva eir records	al by the su	uperintende		
Recipient					Date d/m/yy	Supervi	sor	Date d/m/yy				
		**Meals								Registration		
Date	Breakfast	Lunch	Dinner	Lodging	Travel		Miles	Cost	Parking	Air/Other	Daily Total	
					To: From:							
					To: From:							
					То:							
					From: To:							
					From:							
					To: From:							
*Allowed o	only with ove	rnight trave	el				Dep	parturetim	ne on first o	day of travel		
	Rates						ı	Returntim	e on last d	ay of travel		
In-State Out-of-State								T	otal Reim	bursement		
3reakfast	\$10.10	\$ 10.10								-		
₋unch	\$13.30	\$ 13.30			For Accounts Pav			ble Department ONLY				
Dinner	\$23.10	\$ 26.30		lr	Invoice#			Vendor Cod				
odging	\$89.10	\$105.20		1	s instrument has been preaudited in the manner required by the School Budget & Fiscal Control Ac					ntrol Act.		
Mileage	.67/mile	.67/mile						. ,		-		
					Finar	nce Officer			Date			

#### \*\*STAFF DEVELOPMENT PARTICIPATION REQUEST INSTRUCTIONS AND GUIDELINES

Complete this form if attending a staff development event (inside or outside the district) that requires the expenditure of school system funds

### Complete Request Section using the following guidelines:

- Use your full name as it appears on your social security card.
- Include your school name or central office location.
- Provide your *complete* home mailing address.
- Include the name of the activity, its location and the dates you will be attending the activity.
- Itemize expenditures only if they are to be reimbursed or pre-paid from Ashe County School System funding using the! following guidelines: *All travel expenses must have fund source approval in advance of the event.*

### Registration –

- If you are requesting the registration be paid in advance, a **Prepayment Request** form is required along with two copies of! the registration form (this should be sent to Accounts Payable).
- Please allow thirty days if requesting prepayment of registration.
- **Lodging** An activity must be at least **75** miles from employee's regularly assigned worksite before reimbursement for! lodging is considered unless employee is a conference speaker, or it is necessary to attend a nonsocial conference! session after 6 pm See bottom of **Staff Development Participant Request form** for allowable rates.
- Mileage and other travel expenses Estimate your mileage!using Google maps.
  - Actual mileage for use of personal vehicle is reimbursable.
  - NOTE: Mileage is measured from the Central Support Services office. This includes weekend travel.
  - Receipts **are required** for parking fees, tolls, as well as for air, bus, taxi, shuttle and train fares. Note: \$5.00 may be! reimbursed for each one-way trip either from the airport to hotel/meeting or from the hotel/meeting to the airport for! use of public transportation in lieu of using a taxi or airport shuttles without receipt.
- o Meals See bottom of the Staff Development Participation Request form for allowable rates
  - Meals may not be reimbursed unless overnight travel is involved. This includes lunch.
  - Reimbursement for meals is regulated by state guidelines.
  - Employees may not claim separate reimbursement for meals included in registration fees.
  - Receipts are not required to claim reimbursement for meals.

# Substitute Pay

- List the dates a substitute is needed.
- List if the sub is needed for a half-day or full day.

# Prior approval is required by your immediate supervisor

- Submit the entire **Staff Development Participant Request form** for fund source approval at least four weeks prior to! activity for approval and budget code (If using your school staff development funds submit form to your principal for! approval and budget code).
- After the activity Complete and sign the reimbursement section attaching any necessary receipts.
  - If using your school's staff development funds send a copy including a conference program, meeting agenda, or course! syllabus to Laken Lyall for reimbursement within 30 days after the travel period ends. Failure to do so may result in non-reimbursement.
  - If using a Director's funds send the form for fund source approval. The funding department will copy the necessary!parties.
  - The participant can only request reimbursement for the expenses itemized and approved.
  - Reimbursement cannot exceed the amount of funds approved.
- Keep a copy of this for your records