

ELKIN CITY SCHOOLS
Prior approval for Travel and/or Staff Development Activities
(Must be submitted at least 10 days prior to activity)

Name _____ Date _____

Location of Activity or Destination of Travel _____

Name of Activity or Purpose of Travel (Attach Copy of Announcement Material) _____

Date(s) and Time(s) of Activity _____

Name of Institution or Group Sponsoring Activity _____

Estimated Expenses (Itemize): _____ Total Estimate

Registration Fee..... \$ _____
(includes _____)

Do not include membership fees.

Transportation _____ miles at _____ for a total of \$ _____

Lodging _____ nights at _____ for a total of \$ _____

Meals (itemize) _____ meals for a total of \$ _____

IN-STATE RATES Breakfast \$7.50 Lunch \$9.75 Dinner \$16.75	_____ breakfasts for a total of \$ _____ _____ lunches for a total of \$ _____ _____ dinners for a total of \$ _____
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Substitute _____ day(s) @ \$ _____ per day for a total of \$ _____

Other (explain) \$ _____ for _____ \$ _____

Total of Estimated Expenses..... \$ _____

Special authorization must be requested for advance payment of any registration fees.
(Advanced payment for non-certified employees must be over \$50.00 and over \$100.00 for certified employees.)
Reimbursement for all approved travel expenses must be submitted within 60 days of incurring the expense.

**NO EMPLOYEE SHOULD INCUR ANY EXPENSES FOR ANY TRAVEL OR STAFF DEVELOPMENT
ACTIVITY UNTIL APPROVAL BY THE SUPERINTENDENT(OR DESIGNEE) HAS BEEN RECEIVED.**

Amount of renewal credit requested _____

Justification: _____

Staff members are responsible for submitting verification of credit to the Personnel Director.

_____ Request is approved Source of Funds _____

_____ Request is not approved Reason (s) _____

Signature of Superintendent or Designee _____

Date _____