



ASHE COUNTY SCHOOLS STAFF DEVELOPMENT PARTICIPATION REQUEST FORM



Request Section (Complete In Advance)

Name _____

School Name _____

Home Address _____

Title of Activity _____

Location of Activity _____ Date(s) _____

Expenses (Itemize):	
Registration	
Lodging	
Mileage/Flight	
**Meals	
TOTAL	
Code	

Substitutes will be required for the following days:	
List Date(s)	Rate of Pay
Code	

Approval Section (Complete in Advance)

Participant Signature _____ Date _____ Immediate Supervisor _____ Date _____ Fund source approval as necessary _____ Date _____

Reimbursement Section (Complete After Activity)

Instructions:

1. After the PD activity, completely fill out reimbursement section.
2. Attach a conference program, meeting agenda, or course syllabus.
3. Attach receipts for registration, lodging, air travel and other miscellaneous expenses.
4. Lodging is only reimbursed if your destination is more than 75 miles from Jefferson. See guidelines for exceptions.
5. Participant and participant's supervisor signature is required. Out of state PD requires approval by the superintendent.
6. Save a copy of this form for your records and send a copy to the fund source for their records.

Under penalties of perjury, I certify this is a true and accurate statement of the travel expenses incurred in the service of the school system.

Recipient _____ Date d/m/yy _____ Supervisor _____ Date d/m/yy _____

Date	**Meals			Lodging	Travel	Miles	Cost	Parking	Registration Air/Other	Daily Total
	Breakfast	Lunch	Dinner							
					To: _____ From: _____					
					To: _____ From: _____					
					To: _____ From: _____					
					To: _____ From: _____					
					To: _____ From: _____					

**Allowed only with overnight travel

Departure time on first day of travel _____

Rates

Return time on last day of travel _____

In-State Out-of-State

Total Reimbursement _____

Breakfast	\$10.10	\$ 10.10
Lunch	\$13.30	\$ 13.30
Dinner	\$23.10	\$ 26.30
Lodging	\$89.10	\$105.20
Mileage	.67/mile	.67/mile

For Accounts Payable Department ONLY

Invoice# _____ Vendor Code _____

This instrument has been preaudited in the manner required by the School Budget & Fiscal Control Act.

Finance 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.
- **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**