

Colonial Heights Public Schools

Request to Attend Professional Development Activity

Please submit one copy to **Doris Swearingen** in the **School Administration Office** thirty (30) days prior to the Professional Development activity.

NAME _____ SCHOOL/OFFICE _____
One (1) name per form

Beginning date: _____ Ending date: _____

Location (City, State): _____

Name of Activity:

How does this course/program support your job responsibilities?

Registration Fee		\$
Meals		\$
Lodging		\$
Travel	<i>Total Miles (Round Trip)</i> _____ x 0.405	\$
Total Estimated Expenses		\$

In order to be reimbursed **all items will require an itemized receipt**. Incidentals will not be reimbursed.

Signature/Approval of Supervisor: _____

Paid Substitute Needed? Yes No

APPROVAL FOR THIS ACTIVITY IS CONTINGENT ON THE WILLINGNESS OF THE PARTICIPANT TO SHARE ITS CONTENTS WITH DIVISION STAFF AS REQUESTED.

.....
COMPLETED BY CENTRAL OFFICE

APPROVED TO ATTEND? Yes No

APPROVED FOR REIMBURSEMENT? Yes No

Please attach all supporting documents.

Signature: _____
Jake Reynolds, Director of Assessment and Data

Colonial Heights Public Schools

NAME _____ SCHOOL/OFFICE _____

Professional Development **Expense Reimbursement Request**
 (Please return with original *Professional Development Request Form*)

Please Attach **Request to Attend Professional Development Activity** (Form A1)

Registration Fee		\$
Lodging (room rate + taxes)		\$
Travel	<small>Total Miles (Round Trip)</small> _____ x 0.405	\$
Other (please explain below)		\$

Meals Worksheet:

Date	BREAKFAST	LUNCH	DINNER	Subtotal
Meal Total				
Total Expenses				\$

Explanation of *Other* Expenses:

In order to be reimbursed all items will require an itemized receipt that identifies the business or vendor. Credit card receipts only showing totals will NOT be reimbursed. Incidentals will not be reimbursed.

I hereby certify that the expenses listed above in the total amount of \$ _____ were incurred by me while attending an approved Professional Development Activity for Colonial Heights City Public Schools.

Signature: _____ Date: _____

Approval: _____ Date: _____
 (Supervisor)

ELIGIBLE FOR TITLE II FUNDING? Yes No

Local Budget Code: 10-61100-000-3130-01 \$ _____
 (meals, lodging)

Authorized: _____
 Jake Reynolds, Director of Assessment and Data

Federal Budget Code: 10-61100-916-3130-00 \$ _____
 (mileage, registration)

Perkins-CTE Budget Code: 10-61100-913-6013-32 \$ _____
 (mileage, meals, lodging, registration, membership)