# ROWAN-SALISBURY SCHOOL SYSTEM STAFF DEVELOPMENT PARTICIPATION REQUEST FORM

Request	Section	Complet	e In Adv	ance)								
Name _				Vendor#				School				
Home Add	dress _											
Title of Ac	ctivity											
	of Activity					Date	e(s)					
	Expenses (Itemize):					Substitutes will be required for the following days:						
Regist						List	List Date(s)			Rate of Pay		
	odging											
Mileage												
	Meals Other											
	Code					Code						
Participant			Date	Immediate	Supervisor	Da	nte .	Fund Source	e approval a	as necessary	Dat	
3. Atta Lod exc 4. Par 5. Sav Under pe	ach receipts dging is ONL ceptions. rticipant and re a copy of enalties of per	for registra Y reimburse I participan this form for	ation, lodgi ed if your d t's supervi or your rec	ng, air tra estinatio sor appro cords an	da, or course syllavel and other minis more than 35 oval required.  d send a copy to urate statement of the	scellaneous miles from Sa the fund so ne travel exper	alisbury. urce for	See guidel their reco	ds.	school syster		
Recipient					Date	Supervise	or				Date	
Date	Breakfast	**Meals Lunch	Dinner	Lodging	Travel		Miles	Cost	Parking	Registration Air/Other	Daily Total	
Date	Dieakiasi	Lunch	Dillilei	Loughig	То:		IVIIICS	0031	1 arking	All/Other	Daily Total	
					From: To:							
					From: To:							
					From:							
					To: From:							
					To: From:							
*Allowed c	only with ove	rnight trave	1	1		<u> </u>	De	parturetim	ne on first o	day of travel	l	
**Allowed only with overnight travel Rates					Return time on last day of travel							
		out-of-State	<b>!</b>		Total Reimbursement							
Breakfast	\$10.10	\$ 10.10	-					•				
_unch	\$13.30	\$ 13.30				For Account	s Pavable	Departmer	nt ONLY			
Dinner	\$23.10	\$ 26.30		For Accounts Payable Department ONLY  Invoice#  Vendor Code								
_odging	\$89.10	\$105.20		This instrument has been preaudited in the manner required by the School Budget & Fiscal Control Act.								
Mileage	.670/m	.670/m			Finan	nce Officer			Date			
					riilari	ioe Oilioei			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 Rowan-Salisbury School System funding using the following guidelines: *All travel expenses must have fund source approval in advance of the event.*
- Registration It is assumed that you have registered for the event and paid the registration fee and are to be reimbursed at the conclusion of the activity.
  - 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 35 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

- Actual mileage for use of personal vehicle is reimbursable.
- NOTE: Mileage measured from worksite (home base or 1<sup>st</sup> destination) or home, whichever is less. 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.
- The statutory subsistence rate is inclusive of personal gratuities, except baggage handling tips, which may be claimed for porters at terminals and hotels as other expenses, the OSBM requires receipts for tips over \$2.00 per piece of luggage.
- 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 the rate of pay.

## o 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 Accounts Payable 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