



**Gates County Public Schools  
Finance Department**

P. O. Box 125 - Gatesville, North Carolina 27938  
(252) 357-1113 FAX (252) 357-0207

**Request for Authorization for Staff Development Funds**  
**(must be completed within 30 days of travel)**

**Employee Information:**

Name \_\_\_\_\_  
School/Dept. \_\_\_\_\_  
Position \_\_\_\_\_

**Conference Information:**

Conference Name \_\_\_\_\_  
Destination \_\_\_\_\_  
Date (From/to) \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

**Estimate of Expenses:**

<u>Meals</u>	<u>Rate</u>	<u>Total</u>	<u>*Meals not included in conference fees</u>
Breakfast	\$ 7.75 x _____	= _____	
Lunch	\$10.10 x _____	= _____	
Dinner	\$17.30 x _____	= _____	Out of State \$19.65 x _____ = _____

Total for Meals \$ \_\_\_\_\_

Lodging \_\_\_\_\_

Registration Fee \_\_\_\_\_

Airfare \_\_\_\_\_

Vehicle (miles \_\_\_\_\_ x .50) \_\_\_\_\_

Other (please describe \_\_\_\_\_) \_\_\_\_\_

**Total Request** \$ \_\_\_\_\_

**Amount approved by Supervisor** \$ \_\_\_\_\_

**\*Attach confirmation from hotel**

**\*Attach conference information**

**\*Attach map quest**

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

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Finance Officer

**Submitted by** \_\_\_\_\_ **Date** \_\_\_\_\_

**Approved by** \_\_\_\_\_ **Date** \_\_\_\_\_

**Source of funds (Account Number):** \_\_\_\_\_ (Must be completed before being submitted)

Please mail ALL checks to the various hotels, conference, travel agents, send mileage/meal check to my school \_\_\_\_\_

Please send ALL the checks to my school or location \_\_\_\_\_

Request for reimbursement upon return \_\_\_\_\_

Please mail registration/reservation check(s) and I will be reimbursed for other upon return \_\_\_\_\_

**Please indicate one of the choices above.**

## Directions for Completing the Request for Authorization of Staff Development Funds

1. **Name:** First Name, Middle Initial, Last Name
2. **School/Department:** School Number where you are assigned
3. **Position:** Your current position
4. **Destination:** City and State of Conference/Workshop
5. **Date Leaving:** Example – 10/5/09
6. **Date of Return:** Example – 10/10/09
7. **Conference:** Name of conference/workshop attending

### Estimate of Expenses

**Total Meals:** Meals may be claimed for only Out of District (trips over 25 miles one way) or overnight travel as follows.

**Breakfast** – (if you left home before 6:30 am or stayed overnight) - **\$7.75**

**Lunch** – (if attending workshop or (picking up vehicles (bus garage or maintenance only)) - **\$10.10**

**Dinner** – (if returning home after 7:00 pm or staying overnight) - **\$17.30**

No receipts will be needed for up to the \$40.00 per day and \$42.25 per day for out of state. If registration fees for a conference/meeting include a banquet or other meals, that specific amount should not be included in your per day amounts. Amounts allowed vary by state.

**Lodging:** Accommodations should provide normal comforts and service and be close to the area in which business is to be conducted. Hotel receipts must be attached with reimbursement request and should indicate if amount will be paid by purchase order.

**Registration Fee:** Fees related to the conference or workshop to be attended. If these fees contain one or more meals, do not include that amount in your meal request. You should indicate if amount will be paid by purchase order.

**Airfare:** Coach Class is the standard airline accommodation. Reservations should be made sufficiently in advance to take advantage of discount rates. When coach accommodations are not available, the next higher priced available accommodations may be used in emergency situations if the airline reflects that coach class was not available. Transportation receipts must be attached with the reimbursement request. You should indicate if amount will be paid by purchase order.

**Personal Vehicles:** Round trip destination times .50 cents per mile. The mileage charge paid is intended to cover all expenses of the employee operating his/her own vehicle including gasoline, oil, repairs and insurance.

**Other:** To include other estimable expenses such as baggage, taxis, ground transportation from airport, etc. **Please note that customary and reasonable charges for baggage are \$1 per bag.** Receipts required for amounts greater than \$15.

**Total Request:** The sum of all travel categories: meals, lodging, registration fee, airfare, vehicle, tips and other. Supervisor should indicate **Amount of Request Approved.**

**Submitted By and Date:** Your signature and date of request is required.

**Approved By and Date:** Teachers must have principal's signature, principals must have the appropriate director's signature, specialists must have appropriate director's signature, etc.

**Source of Funds (Account Number):** Appropriate account number from the state, local or federal grants must be included before request will be processed.