

Please type all information

\*\*See Pg. 2 for directions

## ROWAN-SALISBURY SCHOOL SYSTEM STAFF DEVELOPMENT PARTICIPATION REQUEST FORM

### Request Section (Complete In Advance)

Name \_\_\_\_\_ Vendor # \_\_\_\_\_ School \_\_\_\_\_

Home Address \_\_\_\_\_

Title of Activity \_\_\_\_\_

Location of Activity \_\_\_\_\_ Date(s) \_\_\_\_\_

| Expenses (Itemize): |  |
|---------------------|--|
| Registration        |  |
| Lodging             |  |
| Mileage/Flight      |  |
| **Meals             |  |
| Other               |  |
| Code                |  |

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

### Approval Section (Complete in Advance)

Participant \_\_\_\_\_ Date \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_ Date \_\_\_\_\_ Fund Source approval as necessary \_\_\_\_\_ Date \_\_\_\_\_

### Reimbursement Section (Complete After Activity)

#### Instructions:

1. After 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.  
**Lodging is ONLY reimbursed if your destination is more than 35 miles from Salisbury. See guidelines for exceptions.**
4. Participant and participant's supervisor approval required.
5. **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 \_\_\_\_\_ Supervisor \_\_\_\_\_ Date \_\_\_\_\_

| Date | **Meals   |       |        | Lodging | Travel                   | Miles | Cost | Parking | Registration Air/Other | Daily Total |
|------|-----------|-------|--------|---------|--------------------------|-------|------|---------|------------------------|-------------|
|      | Breakfast | Lunch | Dinner |         |                          |       |      |         |                        |             |
|      |           |       |        |         | To: _____<br>From: _____ |       |      |         |                        |             |
|      |           |       |        |         | To: _____<br>From: _____ |       |      |         |                        |             |
|      |           |       |        |         | To: _____<br>From: _____ |       |      |         |                        |             |
|      |           |       |        |         | To: _____<br>From: _____ |       |      |         |                        |             |
|      |           |       |        |         | To: _____<br>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   | .670/m  | .670/m   |

#### 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 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.
- **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.
- **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**