

**ELKIN CITY SCHOOLS**  
**Prior approval for Travel and/or Staff Development Activities**  
(Must be submitted at least 10 days prior to activity)

Employee Name(s): \_\_\_\_\_ Date: \_\_\_\_\_

Location of Activity or Destination of Travel: \_\_\_\_\_

Name of Activity or Purpose of Travel (Attach Copy of Announcement Material): \_\_\_\_\_

Date(s) and Time(s) of Activity: \_\_\_\_\_

Name of Institution or Group Sponsoring Activity: \_\_\_\_\_

Estimated Expenses (Itemize): Total Estimate

Registration Fee..... \$

(includes \_\_\_\_\_ )

**Do not include membership fees.**

Transportation \_\_\_\_\_ # of miles @ \$ 0.535 total if entire trip is under 75 miles.... \$

Transportation \_\_\_\_\_ # of miles @ \$ 0.34 total if entire trip is over 75 miles..... \$

Lodging \_\_\_\_\_ # of nights @ \$ \_\_\_\_\_ for a total of ..... \$

Meals (itemize) Total Meal Cost (see below) ..... \$

IN-STATE RATES	
Breakfast	\$8.40
Lunch	\$11.00
Dinner	\$18.90

\_\_\_\_\_ # of breakfasts x 8.40 each for a total of .....\$ \_\_\_\_\_

\_\_\_\_\_ # of lunches x 11.40 each for a total of .....\$ \_\_\_\_\_

\_\_\_\_\_ # of dinners x 18.90 each for a total of .....\$ \_\_\_\_\_

Substitute \_\_\_\_\_ # of day(s) @ \$ \_\_\_\_\_ per day for a total of ..... \$

Other (explain) \$ \_\_\_\_\_ for \_\_\_\_\_ \$

Total of Estimated Expenses..... \$

Special authorization must be requested for advance payment of any registration fees.  
(Advanced payment for non-certified employees must be over \$50.00 and over \$100.00 for certified employees.)  
**Reimbursement for all approved travel expenses must be submitted within 60 days of incurring the expense.**

NO EMPLOYEE SHOULD INCUR ANY EXPENSES FOR ANY TRAVEL OR STAFF DEVELOPMENT  
ACTIVITY UNTIL APPROVAL BY THE SUPERINTENDENT(OR DESIGNEE) HAS BEEN RECEIVED.

Amount of renewal credit requested \$ \_\_\_\_\_

Justification: \_\_\_\_\_

Staff members are responsible for submitting verification of credit to the Personnel Director.

\_\_\_\_\_ Request is approved Source of Funds \_\_\_\_\_

\_\_\_\_\_ Request is not approved Reason (s) \_\_\_\_\_

Signature of Superintendent or Designee Date