

NO ACTIVITY SHOULD BE INITIATED UNTIL WRITTEN APPROVAL OF THIS REQUISITION IS RECEIVED. ACTIVITIES AND/OR PAYMENTS CONDUCTED PRIOR TO RECEIPT OF WRITTEN APPROVAL WILL NOT BE REIMBURSED.

PLEASE COMPLETE ALL AREAS

Participant Information:

Name: _____ School: _____
 Email address: _____ Position: _____
 Name of conference or workshop: _____
 Location of conference or workshop (i.e. - name of hotel, convention center, etc.): _____
 Date conference or workshop begins: _____ Time conference or workshop begins: _____
 Date conference or workshop ends: _____ Time conference or workshop ends: _____
 Budget Code: _____

		(to be completed by Central Office)		Estimated Cost
Registration	Registration needed:	Yes	No	If yes, attach registration form
	Vendor name:	_____		
	Vendor payment address:	_____		
	Vendor telephone number:	_____		
	Vendor fax number:	_____		
	Vendor website:	_____		
Please attach a copy of the conference/workshop itinerary and a <u>completed</u> registration form. Please write clearly.				\$

Hotel	Name, address, and phone number of hotel:	_____	
	Traveler must make his/her own reservations	_____	
	Please share rooms whenever possible		\$

Reimbursable Expenses	Meals: <i>(Expenses incurred for meals during travel are reimbursed on actual expenditures. Receipts must be attached to the reimbursement request.)</i>	Maximum allowance rate: \$30 - \$40 per day as defined by MDE department of finance and administration	# of days: _____	\$
	Will you be using your personal vehicle for travel?	Yes	No	
	If yes, then please attach a Use of Personal Vehicle for School Business Travel Form along with a copy of your valid driver's license and a copy of your certification of insurance (form).			
	Number of miles (roundtrip*)	_____		
	*Compute mileage from school site to conference/seminar site on a route mapping system and attach a copy with this form. Please note, only mileage accrued during official business will be reimbursed. Only, mileage from school to conference/hotel/seminar site will be reimbursed. Mileage to restaurants is not reimbursable.			
				\$
				\$
	1			\$
Other (Please justify):	2			\$
	3			\$

Total:	\$
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Please allow 3 weeks to process. Contact Kristin Spears-Federal Programs, Sonya Gilley-Student Services, Patricia Ellison-Vocational or Staci Lewis-District if you have not received any correspondence within the stated time frame or if you have any questions.

How do you plan to use this new information in your classroom/position? _____

How is this activity a part of your school's or the district's ongoing professional development and/or school improvement plan? _____

Teachers and principals, please read and verify compliance with your signature:

- 1. Federal, state, or local laws do NOT require this activity.
- 2. This activity was NOT funded with any type of non-federal funds during the previous school year.
- 3. This activity is part of a sustained and ongoing school improvement, district improvement, or professional development program.
- 4. This activity is based on scientifically based research to improve student achievement.
- 5. I understand any CEU issuance fee must be paid by the participant and cannot be reimbursed by the school district.
- 6. Before reimbursement for allowable out-of-pocket expenses, I agree to provide all receipts along with a completed reimbursement of expense form.
- 7. By signing this form, I understand I will be held personally responsible for any and all non-refundable expenditures paid by Pontotoc County Schools if I decide not to attend. (Cases of family or medical emergency excluded.)
- 8. I agree to share the information acquired at the conference or workshop with the staff at my school. An agenda, a copy of the hand-out(s) and/or presentation, and sign-in sheets will be sent to the federal programs office in a timely manner (within 6 weeks of completion of conference/workshop) to ensure compliance.

Signature of Teacher: _____

Date: _____

Signature of Principal: _____

Date: _____

Signature of:
 Fed. Programs Director:
 Student Services Director:
 Vocational Director:
 Business Manager:

Date: _____

County Office: 489-3932
 Fax: 488-2940
 Federal Programs 489-4812
 Fax: 489-8597

Career Center: 489-1826
 Fax: 489-0704
 Student Services: 489-3902
 Fax: 489-0787