

PROFESSIONAL LEAVE/TRAVEL REQUEST FORM

Amelia County Public Schools

All travel requests must be approved by immediate supervisor and then submitted to the Central Office (Director of Operations) for travel authorization processing. Central Office approved forms will be returned to the school office manager and employee requesting the leave. For reimbursement of travel expenses see back of form. If this travel request is for a student field trip, the field trip form must be attached. **Please make a copy for your records.**

Office Use Only	
<input type="checkbox"/>	Employee
<input type="checkbox"/>	Bldg. Supervisor
<input type="checkbox"/>	Transportation
<input type="checkbox"/>	Super or Designee
<input type="checkbox"/>	Finance
<input type="checkbox"/>	Copy and send back to Staff

***Travel requests must be submitted AT LEAST two weeks prior to travel date.**

***ALL Paid Itemized Receipts and/or cancelled checks must be submitted within 30 days of travel to receive reimbursement.**

Full Name (please print): _____	Current Date: _____
Grade _____ Teaching Subject _____	School/Area: _____
Purpose of the Trip: _____	
Conference Title: _____	
You must attach a copy of the written conference or meeting announcement, if available.	
Number of days missed from this school year for Professional Leave _____	
Total number of days out of the classroom this year _____	
Travel Date(s): _____ Conference Location: _____	
Number of Students Traveling: _____ (if applicable)	
Type of Transportation Requested: Car _____ Van _____ Bus _____	
Source of Funding for this Trip: _____	
(grant, school activity fund, self, PD funds via school, etc...)	

SB Office use only: FUNDING: Local Erate Perkins Title I Title VI-B Other/List Funding Source	
PO# _____	CODE _____
Director of Operations _____	Car Availability Yes ___ No ___ N/A ___ Date _____
If No, approval for your own vehicle and funding reimbursement from school to destination. Yes _____ Initials _____	

EXPENSES	REQUEST FOR AUTHORIZATION		CLAIM FOR REIMBURSEMENT	
	Number	Anticipated Cost	Number	Actual Cost (with receipts)
<i>REFER TO GUIDELINES</i>				
Mileage (from work to destination)	x .40		x .40	
Meals (\$35 max. per day, only provided with each overnight stay)	_____ Days		_____ Days	
Night's Lodging (max. \$150 per night, including taxes)	_____ Days		_____ Days	
Registration Fee				
Parking (max. \$10 per day with receipt/max.)	_____ Days		_____ Days	
Other Expenses (specify below)				
Substitute required YES ___ NO ___	_____ Days		_____ Days	
Name of Substitute _____				
TOTAL EXPENSES				

Authorization Signatures:

Employee Date _____

Immediate Supervisor Date _____

Superintendent/Director Date _____

Reimbursement Signatures:

Employee Date _____

Immediate Supervisor Date _____

Superintendent/Director Date _____

Check list and guidelines for Professional Travel

ALL Paid Itemized Receipts and/or cancelled checks must be submitted within 30 days of travel to receive reimbursement.

Pre approval guidelines:

- Submit this form for approval at least 2 weeks prior to the travel date.
 - Submit the original Professional Leave/Travel Request form with your signature to your immediate supervisor.
 - Attach an agenda of the conference/workshop/meeting.
 - Attach Google directions from work to destination and back (if claiming mileage).
 - In addition, complete a student field trip form (if applicable).
- The school car reservation **MUST** be requested through the transportation department. When traveling in groups of 2 or more, and a school car is not available, carpooling is required in order to receive reimbursement for mileage. Reimbursement will only be made to one driver.
 - Hotel accommodations are only allowed for distances exceeding 60 miles from your work destination. If a room is shared, each person should specify the amount due him/her.
 - Meals are only provided with overnight conferences. Example: 1 nights lodging = \$30 max., 2 nights lodging = \$60 max.
 - Anything, above and beyond the allotted max. guidelines will not be reimbursed from the school system.
 - Please keep copies for your records; this will not be provided by the SBO.

After travel, reimbursement must include, ALL Paid Itemized Receipts and/or cancelled checks, if applicable:

- Submit the original Professional Leave/Travel Request form with all signatures and actual cost you are claiming.
- Attach lodging receipt
- Attach registration fee receipt (a copy of a cancelled check and/or paid receipt listing your name is required).
- Attach parking fee receipt (if applicable)
- Note cost of sub pay scale:
 - 2016-2017 Rate per day
 - \$67.00 Bachelor's degree
 - \$65.00 Associate's degree
 - \$53.00 No degree
 - \$100.00 Long term sub rate subbing for licensed teacher
- Attach receipts for other expenses.