SAU #13 Professional Development **Appendix B-1**

**ACTIVITY PRE-APPROVAL FORM**

**Reimbursement Requested**

**Section 1 – Activity (Activities requiring reimbursement must be approved by Superintendent PRIOR to date of activity)**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Endorsement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Name of Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Professional Development Supervisor Signature Date

**Section 2 – Activity Costs (In most cases the educator pays for the pre-approved activity and submits Expense Voucher, copy of approved Activity Form with proofs of participation, payment and MapQuest directions (to verify mileage) to receive reimbursement. Reimbursement for a course requires Grade Report)**

Cost of Activity: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cost of meals and/or Lodging: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mileage \_\_\_\_\_\_\_\_\_\_miles @ .575 per mile = $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
 TOTAL: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Professional Development Supervisor Signature Total Approved Date

**Section 3 – Account Codes (to be filled out by Professional Development Supervisor)**

Activity or Course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Meals and/or Lodging: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mileage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grant Activity Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 4 – Superintendent (Copy of approved Activity Form will be sent back to requester. Original stays at SAU 13 office)**

Date received at Superintendent’s office: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lou Goscinski – Superintendent SAU #13 Date