

Date Form Filled Out:

JACKSON AREA CAREER CENTER Meeting, Travel, Conference, Workshop Approval Form

This form is being submitted on a prior date to your activity _____ YES _____ NO
(If no, see JACC Principal immediately. If yes, complete form, print and turn into Delinda.)

SECTION 1: GENERAL INFORMATION

STAFF NAME: _____ ACTIVITY DATE(S) _____
ACTIVITY TITLE _____
ACTIVITY DESCRIPTION: _____

PD ALIGNS WITH JACC GOAL(S) CHECK : _____ Outstanding Program _____ Student Achievement _____ Building Relationship

FULL ADDRESS OF ACTIVITY _____

SCHOOL TIME INVOLVED (LIST DATES AND TIMES) _____

Attach registration form and payment info as applicable

OVERNIGHT STAY REQUIRED? _____ YES _____ NO (If yes, attach hotel information and PO/Payment Info)

OTHER STAFF ATTENDING THIS CONFERENCE _____ YES _____ NO _____ NOT KNOWN

SECTION 2 – ESTIMATED COSTS

Registration Cost _____ Activity Agenda/Itinerary Attached _____ YES (required)

Transportation Cost - MapQuest (shortest route) Attached (required for reimbursement) _____ YES _____ NO
Carpooling required unless prior administrative approval

_____ - _____ = _____ X .5 _____ \$ _____ (use MapQuest)
Miles to Activity Miles Driven to Work Reimbursable Miles Rate Total Cost Reimbursed

Hotel Name/Full Address _____

Hotel Cost: _____ X _____ = _____ (sharing room required unless prior admin. approval)
Nights Nightly Rate Total Cost

Meals: (per ISD reimbursement: \$10/breakfast; \$15/lunch/\$25/dinner – alcoholic beverages are not reimbursable)

No reimbursement for: 1) meals during a field trip, 2) meals if provided at activity, 3) snacks

_____ x \$1 + _____ X _____ + _____ X _____ = _____
Breakfast(s) # Lunch(es) # Dinner(s) Maximum Reimbursement

Parking Cost _____ (no valet parking)

Actual expenses for reimbursement are to be verified **by receipts** on a Travel Expense Voucher. Expenses will be reimbursed only if estimated expenses have been submitted and approved prior to travel AND receipts are submitted verifying actual expenses and approved after travel. **Failure to do so is in violation of state law and expenses cannot be reimbursed. NO CREDIT CARD TOTAL RECEIPTS ACCEPTED /DETAILED RECEIPTS FOR FOOD REQUIRED.** Under no circumstances will employee expenses be reimbursed after 60 days of incurring the expense.

APPROVALS:

Employee Signature Supervisor Signature* Superintendent Signature

*Pending available funding

Print completed form and give with appropriate attachments to Delinda Woods.