



Independent School District #1
Aitkin Public Schools

(218) 927-2115

*"A community in continuous pursuit
of educational excellence for all"*

DAN STIFTER, SUPERINTENDENT
Mary Aulie, Administrative Assistant

HOW TO: Growth Activities

Fill Form out Completely.

Fill all employee columns, Prepayment if you require prepayment - include information for the Growth Activity ie: Seminar, Training, etc. that shows the pricing. (Columns 1-3, 5)

(IF NEEDED PREPAYMENT, YOU MUST FILL OUT THE PREPAYMENT AGREEMENT AND ATTACH TO THE GROWTH ACTIVITY FORM)

Transportation: Whether you are taking a school vehicle, driving your own vehicle or riding with someone else

If you require a Substitute, please fill that out.

Send to the Site team: Site Team writes in all the costs, marks the funding source (code) and signs the form. Site Team sends off to the principal.

Principal signs and sends to the District Office, Attn. Mary Aulie

Superintendent will approve and it will be sent back to you. IF THIS FORM IS NOT COMPLETE, IT WILL BE RETURNED TO YOU.

See current meal reimbursement Rates and Mileage rates, sub rates
(ITEMIZED RECEIPTS, PARKING RECEIPTS MUST BE DATED, SHOWS WHAT YOU PAID FOR IN DETAIL)

Once you have completed the Growth Activity that you are attending: Sign the Form, attach all **ITEMIZED** receipts for meals and for parking, hotels, Registrations and your Proof of Attendance. Fill out Column 7, Completed by Employee), make sure the columns are totalled.

Fill out a timecard if it is above and beyond the scope of your everyday or if you are paid by the hour.

Sign, Date the Form. (ATTACH PROOF OF ATTENDANCE)

Return to the District Office, ATTN: Mary Aulie

GROWTH ACTIVITIES APPLICATION

Fill out this form to request reimbursements/stipends related to workshop and meeting attendance and committee meetings (site or district).

Name: _____ Date of Application: _____
 Event: _____ Location: _____
 Date(s): _____

		BEFORE THE EVENT				AFTER THE EVENT							
Does this event require...	Yes	No	EMPLOYEE		EMPLOYEE (COMPLETE ONLY IF YOU ARE REQUESTING PRE-PAYMENT BY THE DISTRICT)	DISTRICT OFFICE PRE-PAYMENT PROCESSED	COMPLETED BY EMPLOYEE REIMBURSEMENT REQUESTED		COMPLETED BY DISTRICT OFFICE				
			PRE-APPROVAL	APPROVED			#	Check	#	Invoice	Chargeback	Total Amount Paid	
Resource Request	Total Requested Amount		Approved Amount		Prepayment Amount requested, if any	CC Print or Check # Amt/ Date	Reimbursement Requested	#	Check	#	Invoice	Chargeback	Total Amount Paid
REGISTRATION													
TRANSPORTATION													
Taking a school vehicle <input type="checkbox"/>													
Taking my vehicle <input type="checkbox"/>													
Riding with someone <input type="checkbox"/>													
PARKING													
MEALS (see calculation on lower right)													
LODGING (including tax) nights @ \$_____													
My lodging is included on someone else's form. If yes, who? _____													
This lodging includes expenses for other employees. If yes, who? _____													
OTHER (SPECIFY)													
SUBSTITUTE REQUIRED													
If yes, please fill out an ASOP request and add \$127.70/dx.													
SUBSTITUTE NAME:													
TOTAL													

Funding source: _____

Bill to outside entity/attach billing information: contact name, phone number, and address: _____

Staff Development (committee approval required): _____

Rippled: 01-100-640-X-316-366 _____ College in the Schools _____

High School: 01-300-640-X-316-366 _____ Community Education _____

(Coaches: 01-200-640-X-316-366 (*AD must sign)) _____ Curr Review _____

Districtwide Staff Development: 01-005-640-X-316-366 _____ School Readiness _____

Continuous Improvement _____ **Title I _____

Infinite Campus _____ **Title II _____

Technology _____ Other (indicate) _____

Other (indicate) _____

FINAL REIMBURSEMENT REQUEST — Signature Required (AFTER the event): _____

By signing below, I am verifying that the information above is accurate, and that the expenses claimed were incurred by me. _____ Date: _____

Applicant: _____

Current mileage rates		Sub Rates	
Car	\$0.575	Full Day	\$127.70
Bus	\$1.450	Less: _____	Talk to HR

Meal Reimbursement Rates			
Breakfast	\$10.00	# Req'd	Total
Lunch	\$15.00		A (Add A, B & C)
Dinner	\$25.00		B \$
			C

Signatures Required (BEFORE the event): _____ Date _____

Committee/Supervisor _____

Principal _____

Supv/HR _____

* AD / ** Fedt Programs Coord _____