



# Professional Development Approval

**FOR USE BY GRANTEE:** Please complete sections A and B and submit to SCDES attached to a copy of the agenda (or other supporting documentation) of the conference, seminar, workshop, etc. for which you are requesting travel to be reimbursed under this grant.

## SECTION A

Grantee: \_\_\_\_\_ Grant Number: \_\_\_\_\_

Grant Type: (Please check one.)     Solid Waste     Used Motor Oil     Waste Tire/AD     E-Scrap     College

Contact Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

## SECTION B

Provide a description of the travel requested. Include brochure if available.

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

Name(s) of Person(s) Traveling: \_\_\_\_\_

Dates of Travel: \_\_\_\_\_

Estimated Amount to be Charged to the Grant: \$ \_\_\_\_\_

NOTES: This amount may include hotel, conference registration, meals and mileage. Please visit the U.S. General Services Administration (GSA) at [www.gsa.gov](http://www.gsa.gov) to view the approved hotel rates that will be allowed for reimbursement. Meals will be reimbursed at the following rates.

	BREAKFAST	LUNCH	DINNER
In-State Travel	\$8	\$10	\$17
Out-of-State Travel	\$10	\$15	\$25

Submitted By: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR GRANTS OFFICE USE ONLY

Approved     Approved Pending Changes (See below.)     Denied (See below.)

Comments:

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

Reviewed By: \_\_\_\_\_

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

# Professional Development Approval Form Instructions

**PURPOSE:** This form must be completed by all grantees prior to any travel for professional development as approved by the Grants Section of SCDES's Office of Solid Waste Reduction and Recycling.

## INSTRUCTIONS FOR SECTION A

1. **Grantee:** Provide the name the name of the local government (grantee).
2. **Grant Number:** Provide the number assigned to the grant for which you are requesting approval. The number is listed on the grant agreement.
3. **Grant Type:** Check the box of the grant for which you are requesting approval.
4. **Contact Name:** Include the name of the person listed as the contact person on the grant agreement.
5. **Telephone:** Provide the telephone number for the contact person.
6. **E-mail:** Provide an e-mail address for the contact person.

## INSTRUCTIONS FOR SECTION B

7. **Provide a description of the travel requested.** Include a description of the travel/conference and include a brochure if available. The description must include how the travel is related to recycling.
8. **Dates of Travel:** Include the anticipated travel date(s).
9. **Name(s) of Person(s) Traveling:** Include a list of all persons traveling to the event.
10. **Estimated Amount to be Charged to the Grant:** Include an estimate of the travel cost that will be charged to the grant. These charges may include hotel, conference registration, meals and mileage.
11. **Submitted By:** Include the name of the person completing the form.
12. **Date:** Include the date the form was completed.