



Professional Development Approval

S.C. Department of Health And Environmental Control
Office of Solid Waste Reduction and Recycling, 2600 Bull Street, Columbia, SC 29201
swgrants@dhec.sc.gov

FOR USE BY GRANTEE: Please complete sections A and B and submit to DHEC 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 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 DHEC'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.