



South Carolina Department of Health and Environmental Control

**PROFESSIONAL DEVELOPMENT APPROVAL**  
 SC DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL  
 OFFICE OF SOLID WASTE REDUCTION AND RECYCLING  
 2600 Bull St., Columbia, SC 29201  
 FAX: (803) 898-1426

**FOR USE BY GRANTEE**

Please fill out sections A and B and submit to this Office 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. Hotel rates must meet the U.S. General Services Administration (GSA) rates, which can be found at [www.gsa.gov](http://www.gsa.gov).

<b>SECTION A</b>	Grantee:	Grant Number:
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Grant (please check):                     Solid Waste                     Used Oil                     Waste Tire/AD

Contact Name:

Phone:	Fax:
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E-Mail:

<b>SECTION B</b>	Description of travel requested: (please include brochure, if available)
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Dates of travel:

Name(s) of person(s) that will be traveling:

Estimated Amount to be charged to the grant:

Note: Please visit [www.gsa.gov](http://www.gsa.gov) to view the approved hotel rates that will be allowed for reimbursement. Meals and mileage will be reimbursed at the following rates:

	<b>In-State Travel</b>	<b>Out of State Travel</b>
Breakfast	\$6.00	\$7.00
Lunch	\$7.00	\$9.00
Dinner	\$12.00	\$16.00

Submitted by:	Date:
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**FOR GRANT OFFICE USE ONLY**

Approved                     Approved pending changes (see below)                     Denied (see below)

Comments:

Reviewed by:

## PROFESSIONAL DEVELOPMENT APPROVAL FORM

### INSTRUCTIONS

**Purpose:** This form must be completed by all grantees prior to any travel for professional development as approved by DHEC's Office of Solid Waste Reduction and Recycling Grant Staff.

#### SECTION A

1. **Grantee:** Fill in the name the name of the local government (grantee.)
2. **Grant Number:** Fill in the number assigned to the grant for which you are requesting approval. The number is listed on the grant agreement.
3. **Grant (Please check):**  **Solid Waste**       **Used Oil**       **Waste Tire:** 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. **Phone:** Include a phone number for the contact person.
6. **Fax:** Include a fax number for the contact person.
7. **E-Mail:** Include an e-mail address for the contact person.

#### SECTION B

8. **Description of travel requested: (please include brochure, if available);** Include a description of the travel/conference and include a brochure, if available. The description must include how the travel is recycling related.
9. **Dates of Travel:** Include the anticipated travel date(s.)
10. **Name(s) of the person(s) that will be traveling:** Include a list of all persons traveling.
11. **Estimated Amount to be charged to the grant:** Include an estimate the travel cost that will be charged to the grant.
12. **Submitted by:** Include the name of the person completing the form.
13. **Date:** Include the date the form was completed.