Professional Meeting and/or Travel Request Form

Employee Name: Pebbles Lancaster – ER Staff Today's Date: 5-23-17

School/Work Location: Livingston Central High School

Location of Conference/Workshop: LetsTalk Conf. (Out of District) Out of State

City, State Location of Conference/Workshop: Edythe J Hayes Middle School (Requires Board Approval)

Conference/Workshop Date(s): June 11-13, 2017 260 Richardson Place

Departure Time: 2:00 pm. Return Time: Remaining in Lexington for Persistence to Graduation Summit, (KDE reimbursed)

Conference/Workshop Name: Let's Talk Conf. Lexington, Ky. 40509

Rationale for Attendance: 60 Breakout sessions – several focus on novice reduction strategies

Other District Employees Attending Conference/Workshop (Please list name, school/work location and position)

Employee Name: Karen Schmitt Location/Position: ELA teacher LCHS

Employee Name: Theresa Tolder Location/Position: U.S. History teacher LCHS

Employee Name: Jennifer Cosby Location/Position: math teacher LCHS

Employee Name: Tim Huddleston – ER Staff Location/Position: ER staff

ARE YOU REQUESTING PROFESSIONAL DEVELOPMENT CREDIT? (Yes) No

Credit must be approved by the SBDM and/or Professional Development Coordinator

ARE YOU REQUESTING INSTRUCTIONAL LEADERSHIP CREDIT? (Yes) No

WILL YOU BE PARTICIPATING AS A CONSULTANT? Yes (No)

HOW WILL YOU SHARE INFORMATION GAINED WITH COLLEAGUES? PLCs Faculty Meetings

ESTIMATED EXPENSES:

Substitute Needed:	YES or (NO) No. of Days –	Method of Payment:
Registration Fee:	$ 50.00	Method of Payment:
Use of Board Vehicle:	(YES) or NO	Method of Payment:
Use of Personal Vehicle:	YES or (NO)	Method of Payment:
Mileage	$ ~~41~~ (paired w/ a teacher) No. of Miles	
Hotel/Lodging (amount per night)	$ ~~250~~ How many nights 2	Method of Payment:
Meals	$ receipts	Method of Payment:
Car Rental (amount per day)	$ - How many days	Method of Payment:
Air Fair	$ -	Method of Payment:

7 LCHS NR grant

3 Rooms - grant

ADDITIONAL INSTRUCTIONS:

* Itemized receipts are required for all expenditures. Receipts for expenses must come from the place of business making the charge.

Signature of Applicant Pebbles Lancaster Date 5-24-17

Signature of Principal/Supervisor Scott Bunn Date 5/30/17

Signature of Superintendent/Designee (If Necessary) Vicky Bunn Date 5/30/17

Review/Revised:7/11/2016

Professional Meeting and/or Travel Request Form

Employee Name: Theresa Falder — Today's Date: 5-23-2017

School/Work Location: Livingston Central High School

Location of Conference/Workshop: Out of District: Yes — Out of State: No

City, State Location of Conference/Workshop: Lexington, KY (Requires Board Approval)

Conference/Workshop Date(s): June 11-13 — Departure Time: 2:00 PM — Return Time: 7:00 PM

Conference/Workshop Name: Let's Talk Conference

Rationale for Attendance: 60 Breakout session in various topics-instructional strategies

Other District Employees Attending Conference/Workshop (Please list name, school/work location and position)

Employee Name:	Karen Schmitt	Location/Position:	LCHS/English Teacher
Employee Name:	Jen Cosby	Location/Position:	LCHS/Math Teacher
Employee Name:		Location/Position:	
Employee Name:		Location/Position:	

ARE YOU REQUESTING PROFESSIONAL DEVELOPMENT CREDIT? ***Yes***

Credit must be approved by the SBDM and/or Professional Development Coordinator

ARE YOU REQUESTING INSTRUCTIONAL LEADERSHIP CREDIT? ***No***

WILL YOU BE PARTICIPATING AS A CONSULTANT? ***No***

HOW WILL YOU SHARE INFORMATION GAINED WITH COLLEAGUES? PLCs and Faculty Mtg

ESTIMATED EXPENSES:

Substitute Needed:		NO	No. of Days	Method of Payment:	
Registration Fee:	$			Method of Payment:	
Use of Board Vehicle:		YES		Method of Payment:	LCHS-NR100
Use of Personal Vehicle:		NO		Method of Payment:	
Mileage	$.40		No. of Miles 516		
Hotel/Lodging (amount per night)	$ 501.92	How many nights	2	Method of Payment:	LCHS-NR100
Meals	$ 360			Method of Payment:	LCHS-NR100
Car Rental (amount per day)	$	How many days		Method of Payment:	
Air Fair	$			Method of Payment:	

ADDITIONAL INSTRUCTIONS:

* Itemized receipts are required for all expenditures. Receipts for expenses must come from the place of business making the charge.

Signature of Applicant Theresa Falder _____ Date 5-23-17

Signature of Principal/Supervisor _____ Date 5/30/17

Signature of Superintendent/Designee (If Necessary) _____ Date 5/30/17

Review/Revised:7/11/2016

Professional Meeting and/or Travel Request Form

~~Employee~~ Name: Tim Huddleston - KR Staff

Today's Date: 5-23-68

School/Work Location: LCHS

Location of Conference/Workshop: (Out of District) yes

Out of State NO

(Requires Board Approval)

City, State Location of Conference/Workshop: Lexington, KY

Conference/Workshop Date(s): 6-11 through 6-13

Conference/Workshop Name: Let's Talk

Departure Time: 2:00 PM Return Time: Remaining in Lexington for additional mtg. KDE reimburse return.

Rationale for Attendance: 60 Break session/ Instructional Strategy

Other District Employees Attending Conference/Workshop (Please list name, school/work location and position)

Employee Name:	Location/Position:
Employee Name:	Location/Position:
Employee Name:	Location/Position:
Employee Name:	Location/Position:

ARE YOU REQUESTING PROFESSIONAL DEVELOPMENT CREDIT? Yes (~~No~~)

Credit must be approved by the SBDM and/or Professional Development Coordinator

ARE YOU REQUESTING INSTRUCTIONAL LEADERSHIP CREDIT? Yes ~~No~~

WILL YOU BE PARTICIPATING AS A CONSULTANT? Yes ~~No~~

HOW WILL YOU SHARE INFORMATION GAINED WITH COLLEAGUES?

ESTIMATED EXPENSES:

Substitute Needed:	YES or (NO)	No. of Days	Method of Payment:
Registration Fee:	$		Method of Payment:
Use of Board Vehicle:		YES or ~~NO~~	Method of Payment:
Use of Personal Vehicle:		(YES) or NO	Method of Payment: LCHS-NR100
Mileage	$	~~YES or NO~~	No. of Miles
Hotel/Lodging (amount per night)	$250.71	How many nights 2	Method of Payment:
Meals	$ Receipts		Method of Payment:
Car Rental (amount per day)	$	How many days	Method of Payment:
Air Fair	$		Method of Payment:

ADDITIONAL INSTRUCTIONS:

* Itemized receipts are required for all expenditures. Receipts for expenses must come from the place of business making the charge.

Signature of Applicant _____ Date 5-23-17

Signature of Principal/Supervisor _____ Date 5/30/17

Signature of Superintendent/Designee (If Necessary) _____ Date 5/30/17

Review/Revised:7/11/2016

Livingston County Schools
PO Box 219, 127 E. Adair St.
Smithland, KY 42081
Phone (270)928-2111
Fax (270) 928-2112

LIVE RED
Reaching Excellence Daily
LIVINGSTON COUNTY SCHOOLS

REQUISITION/PURCHASE ORDER

DATE:	TAX EXEMPT # B-633	PURCHASE ORDER # LCHS-NR103

Vendor Name:	Hilton Lexington/Downtown	SHIP TO: Sch. Name or BOE:	Livingston Central High School
Contact Person:		Contact Person:	Scott Gray
Address:	369 west Vine Street	Address:	750 US HWY 60 W
City/State/Zip:	Lexington, Ky. 40507	City/State/Zip:	Smithland, KY 42081
Phone Number:	1-859-231-9000	Phone Number:	270.928.2065
Fax Number:		Fax Number:	270.928.2066
		BILL TO: Sch. Name or BOE:	2017 NR Grant 320BS
		Contact Person:	Scott Gray
		Address:	750 US HWY 60 W
		City/State/Zip:	Smithland, KY 42081
		Phone Number:	270.928.2065
		Fax Number:	270.928.2066

PLEASE SUPPLY THE FOLLOWING ITEMS:

ITEM NO.	DESCRIPTION	Org. Code	Obj. Code	Project Code	Commodity Code	UNIT	QTY	UNIT COST	TOTAL AMOUNT
	3 rooms @ Hilton downtown					3	(2 nights)		250.71

SUBTOTAL	752.13
Shipping Charges	—
Handling Charges	—
TOTAL DUE	$0.00

Pebbles Lancaster
ORDERED BY

Scott Gray
APPROVED BY

(For Maintenance And Transportation Use Only)
BELOW SIGNATURE REQUIRED FOR APPROVAL ON ALL EXPENSES EXCEEDING THE $100 MONTHLY ALLOCATION

SUPERINTENDENT OR FINANCE OFFICER