

PERSONNEL

Professional Meeting and/or Travel Request Form

03.125 AP.21

Employee Name: Daniel Murphy
School/Work Location: LCHSToday's Date:
5-30-17Location of Conference/Workshop: Lexington
Convention Center
City, State Location of Conference/Workshop: Lexington, KYOut of State - No
(Requires Board Approval)
Departure

Conference/Workshop Date(s): 6/14/17- 6/15/17

Time: 11:00AM

Return Time: 6:00PM

Conference/Workshop Name: Persistence to

Graduation

Rationale for Attendance: The conference will
allow me to attain insight into my new
position.

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

Employee Name:

Employee Name:

Employee Name:

Employee Name:

Location/Position:

Location/Position:

Location/Position:

Location/Position:

ARE YOU REQUESTING PROFESSIONAL DEVELOPMENT CREDIT?

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

ARE YOU REQUESTING INSTRUCTIONAL LEADERSHIP CREDIT?

WILL YOU BE PARTICIPATING AS A CONSULTANT?

HOW WILL YOU SHARE INFORMATION GAINED WITH COLLEAGUES?

Yes
YesNo
No

ESTIMATED EXPENSES:

Substitute Needed:

YES or NO No. of Days

Registration Fee: \$0 (covered by KDE)

YES or NO

Method of Payment:

Use of Board Vehicle:

YES or NO

Method of Payment:

Use of Personal Vehicle:

YES or NO

Method of Payment:

Mileage \$

No. of Miles: 500

Hotel/Lodging (amount per night)

\$175

How many nights: 1

Method of Payment:

Meals \$50

How many days

Method of Payment:

Car Rental (amount per day) \$0

How many days

Method of Payment:

Air Fair \$0

Method of Payment:

ADDITIONAL INSTRUCTIONS:

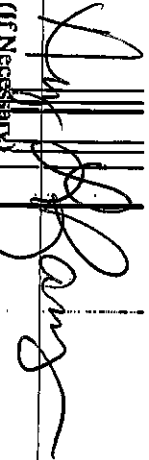
* Itemized receipts are required for all expenditures. Receipts for expenses must come from the place of business making the charge.

Signature of Applicant

Date

5/30/17

Signature of Principal/Supervisor
Signature of Superintendent/Designee (If Necessary)



Date 5/30/17

Date

Review/Revised: 7/11/2016