

**Professional Meeting and/or Travel Request Form**

Employee Name: Sheri Henson

Today's Date: 5-25-17

School/Work Location: NLES

Location of Conference/Workshop:

Out of District ☒ X

Out of State

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

(Requires Board Approval)

Conference/Workshop Date(s): 5-25-17

Departure Time: 7:30

Return Time: 3:30

Conference/Workshop Name: KY Go Digital, Phase 3

Rationale for Attendance: We will be participating in Phase 1 training  
in August, and this is a preview of what we will be learning.

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

Employee Name: Sylvia Doyle

Location/Position: NLES/teacher

Employee Name: Roberta Harris

Location/Position: NLES/teacher

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? Through PLCs

**ESTIMATED EXPENSES:**

Substitute Needed:

YES or **NO**

No. of Days

Registration Fee: \$0

Use of Board Vehicle:

YES or **NO**

Use of Personal Vehicle:

**YES** or NO

Mileage \$0

No. of Miles

Hotel/Lodging (amount per night)

\$0

How many nights

Method of Payment:

Meals \$0

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 Sheri HensonDate 5-25-17Signature of Principal/Supervisor Sheri HensonDate 5-25-17

Signature of Superintendent/Designee (If Necessary) \_\_\_\_\_

Date \_\_\_\_\_

Review/Revised:7/11/2016