Professional Meeting and/or Travel Request Form

Employee Name: Stacey Turner
School/Work Location: SLES
Today's Date: 6-1-17

Location of Conference/Workshop: (Out of District) Out of State
City, State Location of Conference/Workshop: Lake Barkley (Requires Board Approval)
Conference/Workshop Date(s): June 26, 2017 Cadiz, Ky.
Departure Time: 7AM Return Time: 4:30PM
Conference/Workshop Name: KY Farm Bureau Regional Teacher Work
Rationale for Attendance: Increase knowledge of agricultural tasks for science & social studies

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

Employee Name:	Megan Dowdy	Location/Position:	SLES Teacher
Employee Name:	Heather Snyder	Location/Position:	" "
Employee Name:	Sunni Ogg	Location/Position:	" "
Employee Name:	Pam Simmons	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? Share during PLC's and/or Faculty Mtg.

ESTIMATED EXPENSES:

Substitute Needed:	YES or (NO)	No. of Days	Method of Payment:
Registration Fee:	$ 0		Method of Payment:
Use of Board Vehicle:	YES or (NO)		Method of Payment:
Use of Personal Vehicle:	(YES) or NO		Method of Payment: No reimbursement requested
Mileage	$	No. of Miles	
Hotel/Lodging (amount per night)	$	How many nights	Method of Payment:
Meals	$		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 Stacey Turner Date 6-1-17
Signature of Principal/Supervisor Becky Dunning Date 6-1-17
Signature of Superintendent/Designee (If Necessary) _____ Date _____

Review/Revised:7/11/2016