Professional Meeting and/or Travel Request Form

Employee Name: Ronda Herrington, Lori Guill
Today's Date:6/15/2017
School/Work Location: NLES
Location of Conference/Workshop: Christian County
Out of District Yes
Out of State (Requires Board Approval)
City, State Location of Conference/Workshop:Hopkinsville, KY
Conference/Workshop Date(s):6/26-27/2017
Departure Time:
Return Time:
Conference/Workshop Name: 8:30-3:30
Rationale for Attendance: Provide communicatation straties for students.

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

Employee Name:Lori Guill Location/Position:NLES, SLP
Employee Name:Marybeth Hefner Location/Position:SLES, SLP
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:	$ 520.00		Method of Payment: IDEA
Use of Board Vehicle:	~~YES~~ or ~~NO~~		Method of Payment:
Use of Personal Vehicle:	(YES) or NO		Method of Payment:
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 *Ronda Herrington, Lori Guill, Marybeth Hefner* Date 6-15-17

Signature of Principal/Supervisor Sheri Herron Becky Dunning Date 6-15-17

Signature of Superintendent/Designee (If Necessary) Date

Review/Revised:7/11/2016