

Professional Meeting and/or Travel Request Form

Employee Name: Victor Zimmerman

Today's Date: 7/18/17

School/Work Location: BOE

Location of Conference/Workshop: Louisville Out of District yes

Out of State no

City, State Location of Conference/Workshop: Louisville, KY (Galt House)

(Requires Board Approval)

Conference/Workshop Date(s): 7/26-7/28/17

Departure Time:

Return Time:

Conference/Workshop Name: KASA Annual Conference

Rationale for Attendance: Training

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: \$300

Method of Payment: board credit card

Use of Board Vehicle:

☒ YES or NO

Method of Payment: board card

Use of Personal Vehicle:

YES or NO

Method of Payment:

Mileage \$ 250

No. of Miles 500

Hotel/Lodging (amount per night)

\$143

How many nights 2

Method of Payment: board card

Meals \$100

Method of Payment: board card

Car Rental (amount per day) \$

How many days

Method of Payment:

Air Fair \$

Method of Payment:

ADDITIONAL INSTRUCTIONS:

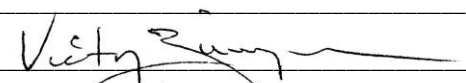
* Itemized receipts are required for all expenditures. Receipts for expenses must come from the place of business making the charge.

Signature of Applicant _____

Date _____

Signature of Principal/Supervisor _____

Date _____

Signature of Superintendent/Designee (If Necessary)  _____

Date 7/18/17 _____

Review/Revised: 7/11/2016