

Professional Meeting and/or Travel Request Form

Employee Name: Victor Zimmerman

Today's Date: 6/26/17

School/Work Location: BOE

Location of Conference/Workshop: Livingston County Out of District

Out of State no

City, State Location of Conference/Workshop: Smithland

(Requires Board Approval)

Conference/Workshop Date(s): 6/26/2017

Departure Time:

Return Time:

Conference/Workshop Name: Special Called Board meeting

Rationale for Attendance: Superintendent evaluation

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:

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

Hotel/Lodging (amount per night)

\$

How many nights2

Method of Payment: board card

Meals \$

Method of Payment: board card

Car Rental (amount per day)

\$

How many days

Method of Payment:

Air Fair \$488.50

Method of Payment: personal credit card

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) Victor ZimmermanDate 6/26/17

Review/Revised:7/11/2016