Professional Meeting and/or Travel Request Form Today's Date:7/10/2017

Out of District yes shop: Lexington, KY D Workshop (Please list name, school/work location and power of the	11/1/2017	ateate	od of Payment: of business making the charg	* Itemized receipts are required for all expenditures. Receipts for expenses must come from the place Signature of Applicant Signature of Principal/Supervisor
rict yes Out of State no (Requires Board Approval) Departure Time: 8/22/2017 Return Time: Location/Position: Location/Position: Location/Position: Location/Position: Yes No Yes X Yes No No			Method of Payment:	YES or NO YES or NO How many nights 3 How many days
Ce/Workshop: Out of District yes f Conference/Workshop: Lexington,KY (Requires Board Approval) (Special Education te Maintain update ding the eac. (10/2017) Out of State no (Requires Board Approval) Departure Time: 8/22/2017 Return Time:		Z Z & 6	7	Other District Employees Attending Conference/Workshop (Please list name, school/work location Employee Name: Employee Name: Employee Name: Employee Name: ARE YOU REQUESTING PROFESSIONAL DEVELOPMENT CREDIT? Credit must be approved by the SBDM and/or Professional Development Coordinator ARE YOU REQUESTING INSTRUCTIONAL LEADERSHIP CREDIT? WILL YOU BE PARTICIPATING AS A CONSULTANT? HOW WILL YOU SHARE INFORMATION GAINED WITH COLLEAGUES?
	8/25/2017	Return Time:	no /2017	Out of District f Conference/Workshop: Lexington,KY e(s):8/23-25/2017 e:Special Education tte Maintain update ding the ementation

Review/Revised-7/11/201	Review/R					
	е	Date				Signature of Superintendent/Designee (If Necessary)
	е	Date	The second secon			Signature of rfflicipal/Supervisor
8-17	e 7-1	Date			man way	Signature of Applicant 1 1 G
	,,,	ne charge	of business making th	st come from the place	ditures. Receipts for expenses mu	cipts are re
			Method of Payment:	Meth		ADDITIONAL INSTRUCTIONS:
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			Method of Payment	Ma	YES or NO. of Days	ESTIMATED EXPENSES: Substitute Needed:
	No P		Yes Yes		SHIP CREDIT? ? TTH COLLEAGUES? Train-the-trainer	WILL YOU BE PARTICIPATING AS A CONSULTANT? HOW WILL YOU SHARE INFORMATION GAINED WITH COLLEAGUES?
	S		Location/Position: Location/Position: Yes		MENT CREDIT? Id Development Coordinator	Employee Name: ARE YOU REQUESTING PROFESSIONAL DEVELOPMENT CREDIT? Credit must be approved by the SBDM and/or Professional Development Coordinator
		SLES	cation/Position: cation/Position:	work location and posit	Vorkshop (Please list name, school/s Cecilia Tabor, Manager	Other District Employees Attending Conference/Workshop (Please list name, school/work location and position) Employee Name: Cecilia Tabor, Manager Employee Name: Lo
6 PM	Return Time:	₽.	Departure Time: 6 AM		017 C	Conference/Workshop Date(s): July 25, 2017 Conference/Workshop Name: Menu Clinic Rationale for Attendance: Food Service
			Out of State (Requires Board Approval)		المحافظة ال	Location of Conference/Workshop: Alapkinsville Out of District City, State Location of Conference/Workshop: Christian County BOE
2017	Today's Date: July 18, 2017	day's Dat	Too	Mayor Mayor M	hools	Employee Name: Mary Dunning School/Work Location: Livingston County Schools

Page I of I

Review/Revised:7/11/2016	7		
	Date		Signature of Superintendent/Designee (If Necessary)
7-18-17	Date		Signature of Applicant (Signature of Principal/Supervisor
	the charge.	Method of Payment:	Hotel/Lodging (amount per night) Method of Payment:
		Method of Payment:	Substitute Needed: YES or No. of Days Registration Fee: \$ Use of Board Vehicle: YES or NO Use of Personal Vehicle: YES or NO Mileage \$ 30 No. of Miles 60
(3) (3)		ation and position) Location/Position: Location/Position: Location/Position: Location/Position: Yes Yes Yes	Other District Employees Attending Conference/Workshop (Please list name, school/work location and position) Employee Name: Employee Name: Employee Name: Employee Name: Employee Name: ARE YOU REQUESTING PROFESSIONAL DEVELOPMENT CREDIT? Credit must be approved by the SBDM and/or Professional Development Coordinator ARE YOU REQUESTING INSTRUCTIONAL LEADERSHIP CREDIT? WILL YOU BE PARTICIPATING AS A CONSULTANT? HOW WILL YOU SHARE INFORMATION GAINED WITH COLLEAGUES? Train-the-trainer
Return Time: TBD	oday's Date: Retu	Out of State rd Approval) Time: TBD	School/Work Location: Livingston County Schools Location of Conference/Workshop: Eddyville Out of District— City, State Location of Conference/Workshop: Eddyville, KY Conference/Workshop Date(s): Once monthly Conference/Workshop Name: Food Service Co-op Meetings Rationale for Attendance: Food Service
03.125 AP.	-		Employee Name: Mary Dunning Professional Meeting and/or Travel Request Form

Professional Meeting and/or Travel Request Form Today's Date: July 18, 2017

Review/Revised:7/11/2016	Review/		
	Date	Mary real property and the second	Signature of Superintendent/Designee (If Necessary)
	Date		Signatura of C
718-17	Date 7		Signature of Principal/Supervior
	arge.	the place of business making the cha	Signature of Applicant Companies are required for all expenditures. Receipts for expenses must come from the place of business making the charge.
		Method of Payment:	ADDITIONAL INSTRUCTIONS:
		Method of Payment:	
de go canadard i nero commodorace de consederação entera ejembla distributivos casações			Hotel/Lodging (amount per night) \$ How many nights Meals \$
			Use of Personal Vehicle: Wileage \$ 70 VES or NO No. of Miles 140
		Method of Payment: Method of Payment:	\$ YES or NO
			ESTIMATED EXPENSES:
	(S) \$	Yes	WILL YOU BE PARTICIPATING AS A CONSULTANT? HOW WILL YOU SHARE INFORMATION GAINED WITH COLLEAGUES? Train-the-trainer
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r.		Location/Position: Location/Position: Location/Position:	Employee Name: Employee Name:
		and position) Location/Position:	Other District Employees Attending Conference/Workshop (Please list name, school/work location and position) Employee Name: Employee Name:
TBD	Return Time:	Departure Time: TBD	Conference/Workshop Name: Food Service Training Events Rationale for Attendance: Food Service
	!	Sta	City, State Location of Conference/Workshop: Ghristian Co. Ext. Out of District. Conference/Workshop Date(s): Aug. 23-24 2017 Conference/Workshop Date(s): Aug. 23-24 2017
8, 2017	Today's Date: July 18, 2017	Today's	County Schools
		riavel Nequest FORM	Employee Name: Mary Dunning

Review/Revised:7/11/201			
Date	D:	ry) Y	ignature of Superintendent/Designee (If Necessary)
Date	D.		Ignature of Principal/Supervisor
Date 7/24/17	D		ignature of Applicant Xm MAC
ge.	the place of business making the charge.	* Itemized receipts are required for all expenditures. Receipts for expenses must come from the place of	* Itemized receipts are required for all ex
	Method of Payment: (Jed) (2008) Method of Payment:		Car Rental (amount per day) Air Fair
ya	Method	\$ 145.95 How many nights 2	Hotel/Lodging (amount per night) Meals
60000000 PO 2016-36	Method of Payment: Method of Payment: Method of Payment: Method of Payment:	YES or (O) No. of Days \$ 445 YES or (NO) YES or (NO) No. of Miles 492	Substitute Needed: Substitute Needed: Registration Fee: Use of Board Vehicle: Use of Personal Vehicle: Mileage
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	and position) \mathcal{N}/\mathcal{A} Location/Position:	Other District Employees Attending Conference/Workshop (Please list name, school/work location and position) Lo	Other District Employees Attending Conference/ Employee Name:
Return Time: $\sim 3^{100} pm$	State oval) ~ 1:00pm	Personnel - Bronnel n my position	Location of Conference/Workshop: Lexington, KY Out of District City, State Location of Conference/Workshop: Lexington, I Conference/Workshop Date(s): 9/13-9/15 Conference/Workshop Name: Kentucky Directors of Pupil Rationale for Attendance: Gather reserves to Use I
ate: 7/24/17	Today's Date:	r rolessional Meeting and/or Travel Request Form	Employee Name: Amy Kamage School/Work Location: Central Office
		Droforcional)

Review/Revised:7/11/2016	and a second	Signature of Superintendent/Designee (If Necessary)	ignature o
	Date_	Signature of Principal/Supervisor	ignature c
71/4/17	the charge. Date_	"Hemized receipts are required for all expenditures. Receipts for expenses must come from the place of business making the charge. Signature of Applicant Annula Manult Date	ignature c
		Meals \$ N/A Method of Payment: Meals \$ N/A Method of Payment: Car Rental (amount per day) \$ N/A How many days Air Fair \$ N/A Method of Payment: Method of Payment: Method of Payment: Method of Payment:	OLLIGAY
		YES on NO. of Days YES or NO YES or NO No. of Miles	H.
		Employee Name: Location/Position: Location/Position: Location/Position: Location/Position: Location/Position: Location/Position: Location/Position: Location/Position: Yes ARE YOU REQUESTING PROFESSIONAL DEVELOPMENT CREDIT? Credit must be approved by the SBDM and/or Professional Development Coordinator ARE YOU REQUESTING INSTRUCTIONAL LEADERSHIP CREDIT? WILL YOU BE PARTICIPATING AS A CONSULTANT? HOW WILL YOU SHARE INFORMATION GAINED WITH COLLEAGUES?	ARE YOU Credit must ARE YOU WILL YOU HOW WILL
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Today's Date: $4/24//7$	day's Date:	eting and/or Travel Request Form	Employee School/W

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	Meeting and/or
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	r Travel Requ
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Page 1 of 1	Signature of Applicant Joseph H. Horseyn Charles in Expenses must come from the place of busiless making the charge. Date Signature of Principal/Supervisor Bushy Hammung Signature of Superintendent/Designee (If Necessary) Date Date	Hotel/Lodging (amount per night) \$ \(O \) How many nights Meals \$ \(O \) Car Rental (amount per day) \$ \(O \) Air Fair \$ \(O \) * Itemized receiving are required for all expenditures. Pagaints for expenses must come from the complete complete come from the complete	ESTIMATED EXPENSES: Substitute Needed: Registration Fee: \$ N/B Use of Board Vehicle: Use of Personal Vehicle: Mileage \$ YES or NO No. of Miles	Employee Name: ARE YOU REQUESTING PROFESSIONAL DEVELOPMENT CREDIT? ARE YOU REQUESTING INSTRUCTIONAL LEADERSHIP CREDIT? WILL YOU BE PARTICIPATING AS A CONSULTANT? HOW WILL YOU SHARE INFORMATION GAINED WITH COLLEAGUES? Through OLC's, teacher meetings, and one-one conserved in Served in Serve	Employee Name: Joseph H. Money Maker School/Work Location: South Living stan Elementary Location of Conference/Workshop: City, State Location of Conference/Workshop: Utashing two D.C. Conference/Workshop Date(s): 9/5/17 to 9/10/17 Conference/Workshop Name: Ford's Thantre Pre-treat Rationale for Attendance: This is the pre-treat and part of the Ford's Theatre grant program we have received the District Employees Attending Conference/Workshop (Please list name, school/work location and nosition) Other District Employees Attending Conference/Workshop (Please list name, school/work location and nosition)
<i>,</i>	не ріасе от разнієха піакні	Method of Payment: Method of Payment: Method of Payment: Method of Payment:	Method of Payment: Method of Payment: Method of Payment: Method of Payment:	Location/Position: Location/Position: Location/Position: Location/Position: Yes Yes Yes	Today (Requires Board Approval) Departure Time: 8:00 a.m. on \$9/8/11 have received. To help and position)
Review/Revised:7/11/2016	1 1 1	Ford's Great pays for food, lodging, and air travel	NIB	33	Today's Date: 7/12/17 Cout of State es Board Approval) arture Time: 8:00 a.m. on \$9/8/17 received. To help students develop oratory &/cills. retion)