

PERSONNEL

03.125 AP.21

Professional Meeting and/or Travel Request Form

Employee Name: Gail Anderson / Bobby Love

Today's Date: 8-30-17

School/Work Location: LEMS

Draftingville

Location of Conference/Workshop: Draftingville Out of District

City, State Location of Conference/Workshop:

Out of State  
(Requires Board Approval)

Conference/Workshop Date(s): Sept 21, 2017

Departure Time:

Return Time:

Conference/Workshop Name: Red Book Training

Rationale for Attendance:

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

Employee Name:

Employee Name:

Employee Name:

Employee Name:

Location/Position:  
Location/Position:  
Location/Position:  
Location/Position:

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?

NO  
NO  
NO

**ESTIMATED EXPENSES:**

Substitute Needed:

YES or NO

No. of Days

Registration Fee: \$1200.00

Use of Board Vehicle:

YES or NO

Use of Personal Vehicle: NO

YES or NO

Mileage \$

No. of Miles

Hotel/Lodging (amount per night)

How many nights

Meals \$

Car Rental (amount per day)

How many days

Air Fair \$

Method of Payment:  
Method of Payment:  
Method of Payment:  
Method of Payment:  
Method of Payment:  
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: Gail Anderson

Date: 8-30-17

Signature of Principal/Supervisor: Bobby Love

Date: 8-30-17

Signature of Superintendent/Designee (If Necessary):

Date:

Review/Revised: 7/11/2016