

PERSONNEL

03.125 AP.21

Professional Meeting and/or Travel Request Form

Today's Date: August 29, 2017

Employee Name: Malinda Jones
School/Work Location: Livingston/Livingston Co. Middle School

Location of Conference/Workshop: MTEC Building **Out of District**

Out of State

City, State Location of Conference/Workshop: Madisonville, KY at MTEC Building (Requires Board Approval)

Conference/Workshop Date(s): October 3, 2017

Departure Time: TBD

Return Time: TBD

Conference/Workshop Name: NBA Math Hoops Training

Rationale for Attendance: 21st CCLC 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:

ARE YOU REQUESTING PROFESSIONAL DEVELOPMENT CREDIT?

Yes

Credit must be approved by the SBDM and/or Professional Development Coordinator

ARE YOU REQUESTING INSTRUCTIONAL LEADERSHIP CREDIT?

Yes

WILL YOU BE PARTICIPATING AS A CONSULTANT?

Yes

HOW WILL YOU SHARE INFORMATION GAINED WITH COLLEAGUES? Train-the-trainer

No
No
No

ESTIMATED EXPENSES:

Substitute Needed: YES or **NO** No. of Days

Registration Fee: \$ 0.00

YES or NO

Method of Payment:

Use of Board Vehicle:

YES or NO

Method of Payment:

Use of Personal Vehicle:

YES or NO

Method of Payment:

Mileage \$ 60.00

No. of Miles 150

21st CCLC Grant Funds

Hotel/Lodging (amount per night) \$ 0 How many nights

Meals \$ 0

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

Malinda Jones

Date

8-29-17

Signature of Principal/Supervisor

[Signature]

Date

8-29-17

Signature of Superintendent/Designee (If Necessary)

[Signature]

Date

Review/Revised: 7/11/2016