	Professional Meeting and/or Travel Request Form		Today's Date: 8/31/17
School/Work Location: () Location of Conference/Workshop: City, State Location of Conference/Workshop: Conference/Workshop Date(s):	Out of District (Nat times)	Out of State (Requires Board Approval) Departure Time:	Return Time:
Conference/Workshop Name: Conference/Workshop Name: Rationale for Attendance:	Iravel fre home 1886 relative	tomes, OC+ 2017	act 2017-2018 School year
Other District Employees Attending Conference/Workshop (Please list name, school/work location and position) Employee Name: Now Charry Employee Name: Kn\Simport	ase list name, school/work location and position)	Location/Position: Location/Position:	
Employee Name: Cre will some LCSD Deputy Location/Position: Employee Name: Separate Hurson, Miche Sanders, Michael Althue Location/Position:	Mism or other LCSD Deputy me Husson Miche Servers Michael 21	Location/Positio	E E E
Credit must be approved by the SBDM and/or Professional Development Coordinator	el Coordinator	V :	S (
WILL YOU BE PARTICIPATING AS A CONSULTANT? HOW WILL YOU SHARE INFORMATION GAINED WITH COLLEAGUES? ESTIMATED EXPENSES:	COLLEAGUES?	Yes	No.
Substitute Needed: Registration Fee: \$	YES or NO No. of Days	Method of Payment: Method of Payment:	Mo reindement when
	YES or NO	of Payment: of Payment:	personal vehicles is used.
Mileage \$	No. of Miles		
Hotel/Lodging (amount per night) \$ Meals \$	How many nights	Method of Payment: Method of Payment:	Vietnes at times.
Car Rental (amount per day) \$	How many days	Method of Payment:	
Air Fair \$		Method of Payment:	
* Itemized receipts are required for all expenditures. Receipts for expenses must come from the place of business making the charge.	eccipts for expenses must come from the place of b	usiness making the charg	° 82/11
Signature of Applicant			Date 0/81/1/
Signature of Principal/Supervisor			Date
Signature of Superintendent/Designee (If Necessary)			Date

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Signature of Superintendent/Designee (If Necessary)_

Professional Meeting and/or Travel Request Form

	TOSTORAL INTEGRIE ANALOT T	Tayel Ixeducat Tolin	
•	n	Today	Today's Date: 8/17/17
Location of Conference/Workshop:	Out of District X	Out of State	
City, State Location of Conference/Workshop:		(Requires Board Approval)	
Conference/Workshop Date(s):	School Year 17-18	Departure Time:	Return Time:
Conference/Workshop Name:			
	We make multiple trips for supplies for students and projects.	nts and projects. We collaborate to 1	We collaborate to make trips as infrequently as possible
Other District Employees Attending Conference/Workshop (Please list name, school/work location and position) Location Advances Name: Location Advances Name: Michele Ritchie	op (Please list name, school/work locatio Michele Ritchie	on and position) Location/Position:	Asst. Coord
Employee Name:	Micha Sanders	Location/Position:	Asst. Coord
Employee Name:		Location/Position:	
Employee Name:		Location/Position:	1
ARE YOU REQUESTING PROFESSIONAL DEVELOPMENT CREDITY	IT CREDIT?		Zo
ARE YOU REQUESTING INSTRUCTIONAL LEADERSHIP CREDIT?	CREDIT?		No
WILL YOU BE PARTICIPATING AS A CONSULTANT?			No
HOW WILL YOU SHARE INFORMATION GAINED WITH COLLEAGUES?	COLLEAGUES?	Family First Staff Meetings	
ESTIMATED EXPENSES:			
	NO No. of Days	Method of Payment:	
Use of Board Vehicle:	YES (when feasible)	Method of Payment:	
	YES	Method of Payment:	
Mileage \$	No. of Miles		
Hotel/Lodging (amount per night) \$0	How many nights	Method of Payment: Method of Payment:	
	How many days	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.	rres. Receipts for expenses must come fr	om the place of business making the	charge.
Signature of Applicant_Stephanie Heason			Date 8/17/17
Signature of Principal/Supervisor			Date 8/17/17
Signature of Superintendent/Designee (If Necessary))			Date

	Date			Signature of Superintendent/Designee (If Necessary)
Date 8/17/17 Date 8/17/17	Date 8/17/17 Date 8/17/17			Signature of Applicant Stephanie Henson Signature of Principal/Supervisor
	the charge.	om the place of business making t	ures. Receipts for expenses must come fro	* Itemized receipts are required for all expenditures. Receipts for expenses must come from the place of business making the charge.
		Method of Payment: Method of Payment: Method of Payment:	How many days	Meals \$0 Car Rental (amount per day) \$0 Air Fair \$0
		Method of Payment:	How many nights	Hotel/Lodging (amount per night) \$0
			No. of Miles	Mileage \$
		Method of Payment: Method of Payment:	YES (when available) NO	Use of Board Vehicle: Use of Personal Vehicle:
		Method of Payment:	NO No. of Days	
				ESTIMATED EXPENSES:
		Family First Staff Meetings	COLLEAGUES?	HOW WILL YOU SHARE INFORMATION GAINED WITH COLLEAGUES?
No			CINIDIA	WILL YOU BE PARTICIPATING AS A CONSULTANT?
No			velopment Coordinator	Credit must be approved by the SBDM and/or Professional Development Coordinator
No			VT CREDIT?	ARE YOU REQUESTING PROFESSIONAL DEVELOPMENT CREDIT?
		Location/Position:		Employee Name:
		Location/Position:		Employee Name:
		Location/Position:		Employee Name:
		n and position)	op (Please list name, school/work location	Other District Employees Attending Conference/Workshop (Please list name, school/work location and position)
		its and families	Cultivate resources and services for our students and families	
	i colui i	gs/ KCEA Meetings	KY ASAP/ Pennyrile Board of Health Meetings/ KCEA Meetings	Conference/Workshop Name: KY .
Time:	Return Time	(Requires Board Approval)		City, State Location of Conference/Workshop
		Out of State	Out of District X	Location of Conference/Workshop:
				School/Work Location:
8/17/17	Today's Date:		n	Employee Name: Stephanie Henson
		avei Kequest Form	Professional Meeting and/or I ravel Ked	rro

Professional Meeting and/or Travel Request Form

8-29-17	Date			Signature of Principal/Supervisor
8-29-17	Date			Signature of Applicant Lance Musphy
	ing the charge.	come from the place of business making the charge	litures. Receipts for expenses must	* Itemized receipts are required for all expenditures. Receipts for expenses must come from the place of
		Method of Payment: Method of Payment:	How many days	
		Method of Payment: Method of Payment:	How many nights	Hotel/Lodging (amount per night) \$ Meals \$
		Method of Payment: Method of Payment: Method of Payment: Mo. of Miles	YES or NO No. c	Registration Fee: \$ Use of Board Vehicle: Use of Personal Vehicle: Mileage \$
		Method of Payment:	YES or NO No. of Days	ESTIMATED EXPENSES: Substitute Needed:
			H COLLEAGUES? Admin PLC	HOW WILL YOU SHARE INFORMATION GAINED WITH COLLEAGUES? Admin PLC
 8 ⊗		Yes Yes	IIP CREDIT?	ARE YOU REQUESTING INSTRUCTIONAL LEADERSHIP CREDIT? WILL YOU BE PARTICIPATING AS A CONSULTANT?
N _o		Yes	ENT CREDIT? Development Coordinator	Employee Name. ARE YOU REQUESTING PROFESSIONAL DEVELOPMENT CREDIT? Credit must be approved by the SRDM and/or Professional Development Coordinator
-	•	Location/Position:		Employee Name: Employee Name:
	-	k location and position) Location/Position: Location/Position:	shop (Please list name, school/wor	Other District Employees Attending Conference/Workshop (Please list name, school/work location and position Loc Loc Loc Loc Loc Loc Loc L
				Meeting Rationale for Attendance: Information needed for 2 nd Region Athletics
)0pm	Return Time: 3:00pm	(Requires Board Approval) Departure Time: 8:00AM		Eddyvile KY Conference/Workshop Date(s): 8/30/17 Conference/Workshop Name: 2 nd Region AD
	No.	Out of State	Out of District Yes nference Center.	City State Location of Conference/Workshop: Lyon County City State Location of Conference/Workshop: Conference Center.
	Today's Date:8-29-17			Employee Name: Daniel Murphy

Professional Meeting and/or Travel Request Form

		A A CAPUSTO LITTLE TO THE PROPERTY OF A SECOND CONTRACTOR AS CONTRACTOR			
Employee Name:	Stephanie Henson	Ienson	Т	Today's Date:	8/17/17
School/Work Location:					
Location of Conference/Workshop:	rkshop:	Out of District X	Out of State		
City, State Location of Conference/Workshop:	of Conference/V	Vorkshop:	(Requires Board Approval)	ı	
Conference/Workshop Date(s):		School Year 17-18	Departure Time: VECC Truspoy Diversion/FAIR Telegraphy	Return Time: am Advisory Counci	Time: Council & other Home and
		Local Meetings: Including- Interagency, CECC, Truancy Diversion/FAIR Team, Advisory Council & other Home and	y, CECC, Truancy Diversion/FAIR Tea	am, Advisory	Council & other Home and
Conference/Workshop Name		School Visits			

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

Community involvement and collaboration is a large part of our job

Rationale for Attendance:

HOW WILL YOU SHARE INFORMATION GAINED WITH COLLEAGUES? WILL YOU BE PARTICIPATING AS A CONSULTANT? ARE YOU REQUESTING INSTRUCTIONAL LEADERSHIP CREDIT? Credit must be approved by the SBDM and/or Professional Development Coordinator ARE YOU REQUESTING PROFESSIONAL DEVELOPMENT CREDIT? Employee Name: Employee Name: Employee Name: Employee Name: Michele Ritchie Micha Sanders Location/Position: Location/Position: Location/Position: Location/Position: Asst. Coordinator % % ö Asst. Coordinator

ESTIMATED EXPENSES:

Air Fair \$	Car Rental (amount per day) \$0	Meals \$	Hotel/Lodging (amount per night) \$	Mileage \$0	Use of Personal Vehicle:	Use of Board Vehicle:	Registration Fee: \$	Substitute Needed:	
0		0	0]	0			Ö		
	How many days		How many nights	No. of Miles	YES	YES (when feasible)		NO No. of Days	
Method of Payment:	Method of Payment:	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.