Professional Meeting and/or Travel Request Form

Employee Name: Kim Lampley

Today's Date: August 22. 2017

School/Work Location:South Livingston

Location of Conference/Workshop: MSU Out of District X Out of State

City, State Location of Conference/Workshop: Murray, KY (Requires Board Approval)

Conference/Workshop Date(s): Sept. 15 Departure Time: 8:00 Return Time: 3:30

Conference/Workshop Name: WKCA

Rationale for Attendance: Annual Counselor Conference

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 X	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 nights	Method of Payment:
Meals	$		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 Kim Lampley Date 8/22/17

Signature of Principal/Supervisor Becky Adams Date 8-23-17

Signature of Superintendent/Designee (If Necessary) _____ Date _____

Review/Revised:7/11/2016