

Professional Meeting and/or Travel Request Form

Employee Name: Pamela Garrett

Today's Date: 9/7/2017

School/Work Location: BOE

Location of Conference/Workshop: Eddyville,

KY

Out of District

Out of State

City, State Location of Conference/Workshop:

(Requires Board Approval)

Conference/Workshop Date(s): 9/8/2017

Departure Time:

Return Time:

Conference/Workshop Name: IC Beginning of
year trainingRationale for Attendance: To get the latest IC
updates for the Beginning of Year.

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 X

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

ARE YOU REQUESTING INSTRUCTIONAL LEADERSHIP CREDIT?

Yes

No X

WILL YOU BE PARTICIPATING AS A CONSULTANT?

Yes

No X

HOW WILL YOU SHARE INFORMATION GAINED WITH COLLEAGUES?

ESTIMATED EXPENSES:

Substitute Needed:

NO

No. of Days

Method of Payment:

Registration Fee: \$

Method of Payment:

Use of Board Vehicle:

NO

Method of Payment:

Use of Personal Vehicle:

YES

Method of Payment:

Mileage \$

No. of Miles

Hotel/Lodging (amount per night) \$

How many nights

N/A

Method of Payment:

Meals \$

N/A

Method of Payment:

Car Rental (amount per day) \$

How many days

N/A

Method of Payment:

Air Fair \$

N/A

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 Pamela GarrettDate 9/7/2017

Signature of Principal/Supervisor _____

Date _____

Signature of Superintendent/Designee (If Necessary)_____

Date_____

Review/Revised:7/11/2016