

**Professional Meeting and/or Travel Request Form**Employee Name: **Daniel Murphy**Today's Date: **9/11/17**School/Work Location: **LCHS**Location of Conference/Workshop: **Kentucky Dam** Out of District-**Yes**Out of State- **NO**City, State Location of Conference/Workshop: **Benton KY**

(Requires Board Approval)

Conference/Workshop Date(s): **9/21/17**Departure Time: **8:00**Return Time: **3:00**Conference/Workshop Name: **Redbook Training**Rationale for Attendance: **Official Redbook  
training**

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

Employee Name: **Jonathan Hart**Location/Position: **LCHS Asst. Principal**

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

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

Registration Fee: \$100

Method of Payment:

Use of Board Vehicle: YES or **NO**

Method of Payment: LCHS SBDM

Use of Personal Vehicle: **YES** or NO

Method of Payment:

Method of Payment:

Mileage \$ No. of Miles

\$

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

\$

Method of Payment:

Meals 0

Method of Payment:

\$

Car Rental (amount per day) 0 How many days

Method of Payment:

Air Fair \$0

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 *Daniel Murphy*

Date \_\_\_\_\_

Signature of Principal/Supervisor \_\_\_\_\_

Date \_\_\_\_\_

Signature of Superintendent/Designee (If Necessary) \_\_\_\_\_

Date \_\_\_\_\_

Review/Revised: 7/11/2016