

Professional Meeting and/or Travel Request Form

Today's Date:

9/11/17

Employee Name: **Daniel Murphy**
School/Work Location: **LCHS**Location of Conference/Workshop: **Kentucky Dam** Out of District-YesCity, State Location of Conference/Workshop: **Benton KY**Conference/Workshop Date(s): **9/21/17**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
Registration Fee: \$100Method of Payment:
Method of Payment: LCHS SBDMUse of Board Vehicle: YES or NO
Use of Personal Vehicle: YES or NOMethod 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