

**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: **Hyatt** Out of District- **Yes**  
City, State Location of Conference/Workshop: **Lexington, KY**  
Conference/Workshop Date(s): **9/19/17-9/20/17**Out of State- **NO**  
(Requires Board Approval)  
Departure Time:

Return Time:

Conference/Workshop Name: **New AD****Training and KHSAA Delegate Meeting**

Rationale for Attendance: To gain knowledge concerning the athletic director position.

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

Employee Name:

Employee Name:

Employee Name:

Employee Name:

Location/Position:

Location/Position:

Location/Position:

Location/Position:

Yes

NoYes

No

Yes

No

ARE YOU REQUESTING PROFESSIONAL DEVELOPMENT CREDIT?

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

ARE YOU REQUESTING INSTRUCTIONAL LEADERSHIP CREDIT?

WILL YOU BE PARTICIPATING AS A CONSULTANT?

HOW WILL YOU SHARE INFORMATION GAINED WITH COLLEAGUES? Coaches and administration meetings

**ESTIMATED EXPENSES:**

Substitute Needed:

YES or NO No. of Days

Registration Fee:

\$0

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

Method of Payment:

Hotel/Lodging (amount per night)

\$200

How many nights- 1

Method of Payment:

Meals

~~\$50.00~~\$7.00 <sup>15</sup>, 8<sup>th</sup> lunch

Method of Payment:

Car Rental (amount per day)

\$0

How many days

15<sup>th</sup> supper

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 MurphyDate 9/13/17

Signature of Principal/Supervisor

Date 9/17/17