Professional Meeting and/or Travel Request Form

Employee Name: Becky Dunning

Today's Date: 9-5-17

School/Work Location: Marshall Co. BOE

Location of Conference/Workshop: Out of District

City, State Location of Conference/Workshop:

Out of State (Requires Board Approval)

Conference/Workshop Date(s):

Departure Time: 8:30 AM Return Time: 2:15 PM

Conference/Workshop Name: Redbook Training

Rationale for Attendance: Training on Redbook requirements relating to school finance - new staff & refresher

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

Employee Name: Katie Walker Location/Position: SLES/Finance Admin Asst.

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? Information will be shared with Asst. Principal and school staff as it relates to purchases SBDM and money collection SBDM

ESTIMATED EXPENSES:

Substitute Needed:	YES or (NO) No. of Days		Method of Payment:
Registration Fee:	$ 100 per person		Method of Payment: SBDM
Use of Board Vehicle:	YES or (NO)		Method of Payment:
Use of Personal Vehicle:	(YES) or NO		Method of Payment: SBDM
Mileage	$ 14.00	No. of Miles 40	
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 Becky Dunning / Katie Walker Date 9-5-17

Signature of Principal/Supervisor Becky Dunning Date 9-5-17

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

Review/Revised:7/11/2016