

PERSONNEL

03.125 AP.21

Professional Meeting and/or Travel Request Form

Employee Name: Amy Ranney

School/Work Location: Central Office

Location of Conference/Workshop: Marshall County Out of District

City, State Location of Conference/Workshop: Draftonville, KY

Conference/Workshop Date(s): 9/27/17

Conference/Workshop Name: FHSJC District Coordinator Meeting

Rationale for Attendance: Must attend no annually to learn emphasis w/ FHSJC great-grandmothers

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

Employee Name: N/A

Employee Name:

Employee Name:

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? Value share w/ Stephanie Henner & others

No needed

ESTIMATED EXPENSES:

Substitute Needed:

Registration Fee: \$ N/A

Use of Board Vehicle: N/A

Use of Personal Vehicle: 1

Mileage: \$ None

Hotel/Lodging (amount per night)

Meals \$

Car Rental (amount per day) \$

Air Fair \$

YES or ☒ NO No. of Days

YES or NO

☒ YES or NO

No. of Miles

Method of Payment:

Method of Payment:

Method of Payment:

Method of Payment:

Method of Payment:

Method of Payment:

Method of Payment:

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

Signature of Principal/Supervisor

Signature of Superintendent/Designee (If Necessary)

Today's Date: 9/27/17

Out of State (Requires Board Approval)

Departure Time: 10:15am

Return Time: 1:30pm

Location/Position: ☒ No

Location/Position: ☒ No

Location/Position: ☒ No

Yes

Yes

Yes

☒ No

☒ No

Date

Date

Date

Review/Revised: 7/11/2016