Professional Meeting and/or Travel Request Form

Employee Name: Stephanie Henson Today's Date:

School/Work Location:

Location of Conference/Workshop: X Out of District Out of State

City, State Location of Conference/Workshop: Lexington (Requires Board Approval)

Conference/Workshop Date(s): Nov 15-17, 2017 Departure Time: PM of the 14th Return Time: PM of the 17th

Conference/Workshop Name: Fall Institute – I will need to drive up on the evening of the 14th because I am on an Executive Committee that will meet the morning of the 15th, prior to the opening session at 11:00 am.

Rationale for Attendance: Required for both FRYSC and Community Education

ARE YOU REQUESTING PROFESSIONAL DEVELOPMENT CREDIT? Yes
Credit must be approved by the SBDM and/or Professional Development Coordinator

ARE YOU REQUESTING INSTRUCTIONAL LEADERSHIP CREDIT? No

WILL YOU BE PARTICIPATING AS A CONSULTANT? No

HOW WILL YOU SHARE INFORMATION GAINED WITH COLLEAGUES? Staff Meetings

ESTIMATED EXPENSES:

Substitute Needed:	NO	No. of Days		Method of Payment:	
Registration Fee:	$220 (including KCEA Membership dues)			Method of Payment:	PO
Use of Board Vehicle:	YES			Method of Payment:	BOE credit card will be used for hotel and any meals not covered with the registration. I will receive an expense stipend through Community Education to cover the majority of the expenses. I estimate the stipend to be $380 (amount not confirmed at this time). I will turn the stipend over to the board to offset the expenses.
Use of Personal Vehicle:	NO			Method of Payment:	
Mileage	$		No. of Miles		
Hotel/Lodging (amount per night)	$130	How many nights	3	Method of Payment:	
Meals	$			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 Stephanie Henson Date 9/1/17

Signature of Principal/Supervisor _____ Date 9/5/17

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

Review/Revised:7/11/2016