

**Professional Meeting and/or Travel Request Form**Employee Name: Scott GrayToday's Date: 10/19/17School/Work Location: Livingson CenterOut of District ☒City, State Location of Conference/Workshop: Paducah, KYOut of State  
(Requires Board Approval)Conference/Workshop Date(s): 10/24/17Departure Time: 12:00Conference/Workshop Name: 2017 Fall Forum with Dr. Todd LickliterReturn Time: 4:30-5:00Rationale for Attendance: Leadership Development

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

Employee Name:

Employee Name:

Employee Name:

Employee Name:

ARE YOU REQUESTING PROFESSIONAL DEVELOPMENT CREDIT?

Location/Position:  
Location/Position:  
Location/Position:  
Location/Position:

No

Credit must be approved by the SBDM and/or Professional Development Coordinator  
ARE YOU REQUESTING INSTRUCTIONAL LEADERSHIP CREDIT?☒ Yes  
YesNo  
No

HOW WILL YOU SHARE INFORMATION GAINED WITH COLLEAGUES?

**ESTIMATED EXPENSES:**

Substitute Needed:

YES or NO

No. of Days

Registration Fee:

\$ 0

Method of Payment:

Use of Board Vehicle:

0

YES or NO

Method of Payment:

Use of Personal Vehicle:

☒ YES or NO

Method of Payment:

Mileage

\$ 0

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

Date 10/19/17

Signature of Principal/Supervisor

Date

Signature of Superintendent/Designee (If Necessary)

Date

Review/Revised: 7/1/2016