Professional Meeting and/or Travel Request Form

Review/Revised:7/11/2016				
	Date			Signature of Superintendent/Designee (If Necessary)
10/25/17	Date		the Hay	Signature of Principal/Supervisor
10/25/2017	Date_		te A	Signature of Applicant My Hed
	he charge.	ne from the place of business making t	enditures. Receipts for expenses must co	* Itemized receipts are required for all expenditures. Receipts for expenses must come from the place of business making the charge.
		Method of Payment:	S	Air Fair
		Method of Payment:	\$ How many days	Car Rental (amount per day)
		Method of Payment:		Meals
		Method of Payment:	S How many nights	Hotel/Lodging (amount per night)
			\$ No. of Miles	Mileage
		Method of Payment:	YES or NO	Use of Personal Vehicle:
		Method of Payment: Method of Payment:	YES or NO	Use of Board Vehicle:
		Method of Payment:	YES or NO. No. of Days	Substitute Needed:
)	ESTIMATED EXPENSES:
			WITH COLLEAGUES?	HOW WILL YOU SHARE INFORMATION GAINED WITH COLLEAGUES?
No		Yes	VT?	WILL YOU BE PARTICIPATING AS A CONSULTANT?
N. (Ves	RSHIP CREDIT?	ARE YOU REQUESTING INSTRUCTIONAL LEADERSHIP CREDIT?
(X)		Yes	OPMENT CREDIT?	Credit must be approved by the SRDM and/or Professional Development C
)		Location/Position:		Employee Name:
		Location/Position:		Employee Name:
		Location/Position:		Employee Name:
		Location/Position:		Employee Name:
		ocation and position)	orkshop (Please list name, school/work	Other District Employees Attending Conference/Workshop (Please list name, school/work location and position)
		inoci Dickup today	stone materials on s	Travel to UPS to drop to
				Rationale for Attendance:
Keturn Time: 6 00	Kett	Departure Time: 1.60		Conference/Workshop Name:
1	,	(Requires Board Approval)	Workshop:	City, State Location of Conference/Workshop:
		Out of State	Out of District	Location of Conference/Workshop:
	iay s Daic.			School/Work Location: LC18
Today's Date: I(2)2 = 222	lav'e Date:	Too	A TO A CONTROL OF THE PROPERTY OF THE PARTY	Employee Name: Manie Mage

Professional Meeting and/or Travel Request Form

Review/Revised:7/11/2016		
Date 10/23///		Signature of Superintendent/Designee (If Necessary)
Date 10/25/2017		Signature of Applicant (1) The Alexander of Principal/Supervisor
charge.	om the place of business making the	* Itemized receipts are required for all expenditures. Receipts for expenses must come from the place of business making the charge.
	Method of Payment: Method of Payment: Method of Payment: Method of Payment:	Hotel/Lodging (amount per night) \$ How many nights Meals \$ Car Rental (amount per day) \$ How many days Air Fair \$ ADDITIONAL INSTRICTIONS:
	Method of Payment: Method of Payment: Method of Payment: Method of Payment:	Substitute Needed: Registration Fee: Use of Board Vehicle: Use of Personal Vehicle: Mileage S VES or NO YES or NO No. of Miles
ation/Position: ation/Position: ation/Position: No No Students interested in attending the Students of through force to face	4 s 8 s s s s s s s	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? Information (5) University of Kentucky. Sand info. will be showed through Conversations.
Return Time: ——	Out of State (Requires Board Approval) Departure Time: \\\.30	Location of Conference/Workshop: Pattis Out of District City, State Location of Conference/Workshop: Grand Rivers Conference/Workshop Date(s): ハロ・15, プロフ Conference/Workshop Name: いん Grandance Counselarship Taffaryrature Rationale for Attendance: いん Ordanission (Please list name, school/work location and nosition) Other District Employees Attending Conference/Workshop (Please list name, school/work location and nosition)
Today's Date: 1018512017	Today	Employee Name: Angle McGee School/Work Location: 1 (18)

PERSONNEL

Professional Meeting and/or Travel Request Form

03.125 AP.21

lte	Date	signature of Superintendent/Designee (If Necessary)
ite 10/27/17	Date	signature of Principal/Supervisor
Date 10127 12017		signature of Applicant Omgo Info
T)	m the place of business making the charge	* Itemized receipts are required for all expenditures. Receipts for expenses must come from the place of
	Method of Payment: Method of Payment: Method of Payment: Method of Payment:	Hotel/Lodging (amount per night) \$ How many nights Meals \$ Car Rental (amount per day) \$ How many days Air Fair \$
	Method of Payment: Method of Payment: Method of Payment: Method of Payment:	Substitute Needed: Registration Fee: Use of Board Vehicle: Use of Personal Vehicle: Mileage S YES or NO No. of Days YES or NO No. of Miles
Location/Position: Location/Position: Location/Position: Location/Position: Location/Position: Ves Yes No Yes Shared with Students intrested in Counselor and for have a conference	os	Other District Employees Attending Conference/Workshop (Please list name, school/work location and position) Employee Name: Employee Name: Employee Name: Employee Name: Employee Name: Employee Name: Credit must be approved by the SBDM and/or Professional Development Coordinator ARE YOU REQUESTING INSTRUCTIONAL LEADERSHIP CREDIT? Yes WILL YOU BE PARTICIPATING AS A CONSULTANT? HOW WILL YOU SHARE INFORMATION GAINED WITH COLLEAGUES? To for matter with the Counselor. Yes How will you Share information Gained with Yese what I from the Counselor.
Return Time: —	Out of State (Requires Board Approval) Departure Time: 11' 50	Location of Conference/Workshop: Grond Rivers Out of District City, State Location of Conference/Workshop: Conference/Workshop Date(s): Dec 6, 2017 Conference/Workshop Name: Murray Store Chardonce Luncheban Rationale for Attendance: MSU Odmission a Scholarship Information
Today's Date: 1012712017	Today's Dat	SSIONAL INTECHINE AUGUST