

PERSONNEL

03.125 AP.21

Professional Meeting and/or Travel Request Form

Employee Name: Angie McGee
School/Work Location: LCIS

Today's Date: 10/25/2017

Location of Conference/Workshop:

Out of District

Out of State

City, State Location of Conference/Workshop:

(Requires Board Approval)

Conference/Workshop Date(s):

Departure Time: 1:00

Conference/Workshop Name:

Return Time: 2:00

Rationale for Attendance:

Travel to UPS to drop testing materials - no school pickup today
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?

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?

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

Yes
Yes
Yes

No
No
No

ESTIMATED EXPENSES:

Substitute Needed:

YES or NO No. of Days

Registration Fee: \$

Method of Payment:

Use of Board Vehicle:

YES or NO

Method of Payment:

Use of Personal Vehicle:

YES or NO

Method of Payment:

Mileage \$

No. of Miles

Method of Payment:

Hotel/Lodging (amount per night) \$

How many nights

Method of Payment:

Meals \$

How many days

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

Angie McGee

Date 10/25/2017

Signature of Principal/Supervisor

Scott Day

Date 10/25/17

Signature of Superintendent/Designee (If Necessary)

Date

Review/Revised: 7/11/2016

PERSONNEL

03.125 AP.21

Professional Meeting and/or Travel Request Form

Employee Name: Angie McGee
School/Work Location: LCIS

Today's Date: 10/25/2017

Location of Conference/Workshop: Pat H's Out of District
City, State Location of Conference/Workshop: Grand Rivers
Conference/Workshop Date(s): Nov. 15, 2017
Conference/Workshop Name: UK Guidance Counselor Luncheon
Rationale for Attendance: UK Admission /Scholarship Information

Out of State
(Requires Board Approval)
Departure Time: 11:30

Return Time: —

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

Employee Name:
Employee Name:
Employee Name:
Employee Name:

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

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?

(No)
(No)
(No)
(No)

HOW WILL YOU SHARE INFORMATION GAINED WITH COLLEAGUES? Information is relevant to students interested in attending the University of Kentucky. Said info. will be shared through email to students or through face to face conversations.

ESTIMATED EXPENSES:

Substitute Needed:	YES or <u>(NO)</u>	No. of Days	Method of Payment:
Registration Fee: \$			Method of Payment:
Use of Board Vehicle:	YES or <u>(NO)</u>		Method of Payment:
Use of Personal Vehicle:	<u>(YES)</u> or NO		Method of Payment:
Mileage \$ <u>—</u>		No. of Miles <u>—</u>	
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: Angie McGee Date: 10/25/2017
Signature of Principal/Supervisor: Scott Gray Date: 10/25/17
Signature of Superintendent/Designee (If Necessary): _____ Date: _____

Review/Revised: 7/11/2016

PERSONNEL

03.125 AP 21

Professional Meeting and/or Travel Request Form

Today's Date: 10/27/2017

Employee Name: Angie McGee
 School/Work Location: LeHS
 Location of Conference/Workshop: Grand Rivers
 City, State Location of Conference/Workshop:
 Conference/Workshop Date(s): Dec 6, 2017
 Conference/Workshop Name: Murray State Conference Luncheon
 Rationale for Attendance: MSU Admission & Scholarship information

Out of State
 (Requires Board Approval)
 Departure Time: 11:00

Return Time: —

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

Employee Name: _____ Location/Position: _____
 Employee Name: _____ Location/Position: _____
 Employee Name: _____ Location/Position: _____

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?

Yes ☒ No ☐
 Yes ☐ No ☒

HOW WILL YOU SHARE INFORMATION GAINED WITH COLLEAGUES? Information will be shared with students interested in attending Murray State, students will receive email from the counselor and/or have a conference with the counselor.

ESTIMATED EXPENSES:

Substitute Needed:	YES or NO <input checked="" type="radio"/>	No. of Days	Method of Payment:
Registration Fee:	\$		Method of Payment:
Use of Board Vehicle:	YES or NO <input checked="" type="radio"/>		Method of Payment:
Use of Personal Vehicle:	YES or NO <input checked="" type="radio"/>		Method of Payment:
Mileage	\$	No. of Miles —	
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: Craig McGee Date: 10/27/2017
 Signature of Principal/Supervisor: Scott May Date: 10/27/17
 Signature of Superintendent/Designee (If Necessary): _____ Date: _____

Review/Revised: 7/11/2016