

Professional Meeting and/or Travel Request FormEmployee Name: Michele Venable

Today's Date:

10/25/17School/Work Location: LCISLocation of Conference/Workshop: Nashville TN Out of DistrictCity, State Location of Conference/Workshop: Nashville, Tennessee at Omni Hotel Out of StateConference/Workshop Date(s): Nov. 17-18

(Requires Board Approval)

Departure Time: 6:30 amReturn Time: 10:00 am 11/18Conference/Workshop Name: ACTFL (American Council on Teaching Foreign Languages) ConferenceRationale for Attendance: Second Language Teaching Strategies

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:

Location/Position:

Approved

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?

Yes No
 Yes No
 Yes 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: 414 per mile\$ 111.52

No. of Miles

272.4 miles round trip

Hotel/Lodging (amount per night)

\$ 260.64 How many nights 1

Method of Payment:

Meals \$ 30.00 for 4 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

Michele Venable

Date

10/25/17

Signature of Principal/Supervisor

Scott Davis

Date

10/29/17

Signature of Superintendent/Designee (If Necessary)

Date