Professional Meeting and/or Travel Request Form Today's Date: 10/18/17

Signature of Superintendent/Designee (If Necessary)	The Date	Signature of Applicant Cloud Malay	* Itemized receipts are required for all expenditures. Receipts for expenses must come from the place of business making the charge.	Air Fair \$ Wethod of Payment:	\$ How many days	Meals \$	Hotel/Lodging (amount per night) \$ How many nights Method of Payment:	Mileage \$ No. of Miles	Registration Fee: \$ (VF Oct NO Method of Payment:	YES of NO) No. of Days	ESTIMATED EXPENSES:	HOW WILL YOU SHARE INFORMATION GAINED WITH COLLEAGUES?	ARE PARETURE AS A CONSULTANT? Ves Ves Ves Ves Ves	oordinator	ARE YOURFOUESTING PROFESSIONAL DEVELOPMENT CREDIT? Yes Yes		΄(shop (Please list name, school/work location and position) Amy Ramage Amy Ramage	Conference/Workshop Name: Fall 2017 User Group Rationale for Attendance: IC Updates/Information	Departure time: 8:30 April Return time:	Potent Fine:	Of Ed Out of District Out of State Out of District (Requires Board Approval)	Logation of Conference/Workshop: Marshall Co. Bd.	VORCOCK WARE - COSTON - GLUE
Review/Revised:7/11/2016	10/20/17	۔	-					,				(3 (8)) (3	¥*		BOE/DPP			Time: 3:30 PM			

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Review/Revised:7/11/2016		ງໃສ່ເສເຕເຣ or orber micenteem ກອນາສີແຂະ (11 Incresser).
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Date	100 C	Signature of Principal/Supervisor
Date 10 120 117		Signature of Applicant
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,	Method of Payment:	ount
		Hotel/Lodging (amount per night)
	9	Use of Board Vehicle: Use of Personal Vehicle:
	YES or NO. No. of Days	Substitute Needed: Registration Fee:
		ESTIMATED EXPENSES:
		WILL YOU SE PARTICIFATING AS A CONSOLITANT: HOW WILL YOU SHARE INFORMATION GAINED WITH COLLEAGUES?
No No	Professional Development Coordinator LEADERSHIP CREDIT? Yes Yes	Credit must be approved by the SBDM and/or Professional Development Coordinator ARE YOU REQUESTING INSTRUCTIONAL LEADERSHIP CREDIT?
Z _o	DEVELOPMENT CREDIT? Yes	ARE YOU REQUESTING PROFESSIONAL DEVELOPMENT CREDIT?
	Name: Location/Position: Vame: Location/Position:	Employee Name: Employee Name:
	1077	Employee Name: Employee Name:
	rence/Workshop (Please list name, school/work location and position)	Other District Employees Attending Confe
	Rationale for Attendance: DISCUSS DPP related usques, utc	Rationale for Attendance: DISC
	of Degra DPP Maching	Conference/Workshop Name: 2 Nd 12egm DPI Machin
Return Time: ~ /:00 pm	Out of District Orkshop: Grand Idvers 1K4 Operature Time: 11:00 am	Location of Conference/Workshop: HLHT Solution of Conference/Workshop Date(s): 10/13 1/17
		School/Work Location: CO
Today's Date: $i \theta / 20 / i 7$	Professional Meeting and/or Travel Request Form	Employee Name: Amy Roumage

Professional Meeting and/or Travel Request Form

Employee Name: Michele Ritchie	Today's Date: 10/23/2017	ite:	
School/Work Location: Lyon Co. Location of Conference/Workshop: Lee Jones Convention Center City, State Location of Conference/Workshop: Eddyville, KY Conference/Workshop Date(s): 10/24/2017 Conference/Workshop Name: Regional Coordinators Meeting Rationale for Attendance: See attached agenda	Out of State In KY (Requires Board Approval) Departure Time: 8:00 R	Return Time:	2:00
Other District Employees Attending Conference/Workshop (Please list name, school/work location and position) Lo Employee Name: Employee Name: Employee Name: Lo ARE YOU REQUESTING PROFESSIONAL DEVELOPMENT CREDIT? Yes	and position) Location/Position: Location/Position: Location/Position: Location/Position: Yes	No	
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 Yes	N %	
Substitute Needed: Registration Fee: \$.\text{VES} or NO No. of Days} Use of Board Vehicle: Use of Personal Vehicle: Mileage \$ No. of Miles	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:		
RUCTIONS: eipts are required	of business making the ch	arge.	N
Signature of Principal/Supervisor	Ε	Date 10-42	12

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	Out of District 4 (Re 1117) 1117 1117 1117 1117 1117 1117 111
	Other District Employees Attending Conference/Workshop (Please list name, school/work location and position) Employee Name: 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? You will Yourspale Of PLC & SO!
Out of District Pes (Requires Board Approval) 117 (Requires Board Approval) Departure Time: \$20 pm Conce/Workshop: Eddy ville, Ky Copyright (Requires Board Approval) Departure Time: \$20 pm Departure Time: \$20 pm Departure Time: \$20 pm Location/Position: Location/Position: Location/Position: Location/Position: Location/Position: Yes Offered EADERSHIP CREDIT? ULTANT? ULTANT? UNDED WITH COLLEAGUES? You w Younapals at PLC 4 Solved Augustion Out of State (Requires Board Approval) Departure Time: \$20 pm Location/Position: Location/Position: Yes ULTANT? ULTANT? ULTANT? ULTANT? ULTANT?	YES or NO No. of Days \$ \(\mu \) \(\mathred{h} \) YES or NO YES or NO No. of Miles
School/Work Location: (PAPA) (Iffice) Location of Conference/Workshop: Exactly Iffice) City, State Location of Conference/Workshop: Exactly Iffice City, State Location of Conference/Workshop (Please list name, school/work location and position) Conference/Workshop Name(S); It Thirt C	night) \$ N A How many nights Meals \$ N A How many days Air Fair \$ N A
Conference Workshop	* Itemized receipts are required for all expenditures. Receipts for expenses must come from the place of business mak
School/Work Location: (20) ftgl (16/12) Continence Conference Workshop: City, State Location of Conference Workshop: Edd4wile, K4 Conference Workshop Date(S): 1 [7] 17 Conference Works	Signature of Principal/Supervisor
School/Work Location: (Ph/Ind.) (Office) City, State Location of Conference/Workshop: EECLy Miles, PA Conference Workshop Date(s), it [1117] Conference Workshop Date(s), it	Signature of Superintendent/Designee (If Necessary)
School/Work Location: (Ph/Hgl. Office) Coulding of Conference Workshop: Eddy Mile, KM Conference Workshop Date(s): (I) Fill T Conference Workshop Date(s): (I	Organian of orbitalistic feel broken (at the company)