

03.125 AP.21

Today's Date:
10/18/17

Review/Revised: 7/11/2016

PERSONNEL

03.125 AP.21

Professional Meeting and/or Travel Request Form

Today's Date: 10/20/17

Employee Name: Amy Ramage
School/Work Location: W

Location of Conference/Workshop: Ratt's Out of District
City, State Location of Conference/Workshop: Grand Rivers, KY

(Requires Board Approval)
Departure Time: 11:00 am Return Time: ~ 1:00 pm

Conference/Workshop Date(s): 10/20/17

Conference/Workshop Name: 2nd Reg'n DPP Meeting

Rationale for Attendance: Discuss DPP related issues, etc.

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

Employee Name: N/A

Employee Name:

Employee Name:

Employee Name:

Location/Position:

Location/Position:

Location/Position:

Location/Position:

Yes

No

Yes

No

Yes

No

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?

ESTIMATED EXPENSES:

Substitute Needed: YES or NO No. of Days

Registration Fee: \$ Nine

Use of Board Vehicle: YES or NO

Use of Personal Vehicle: YES or NO

Mileage \$ Nine Requests No. of Miles

Hotel/Lodging (amount per night) \$ Nine How many nights

Meals \$ Nine How many days

Car Rental (amount per day) \$ Nine

Air Fair \$ Nine

Method of Payment:

Method of Payment:

Method of Payment:

Method of Payment:

Method of Payment:

Method of Payment:

Method of Payment:

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

Amy Ramage

Date 10/20/17

Signature of Principal/Supervisor

[Signature]

Date

Signature of Superintendent/Designee (If Necessary)

[Signature]

Date

Review/Revised: 7/11/2016

PERSONNEL

03.125 AP.21

Professional Meeting and/or Travel Request Form

Today's Date:

10/23/2017

Employee Name: Michele Ritchie
School/Work Location: Lyon Co.

Location of Conference/Workshop: Lee Jones
Convention Center

Out of District Lyon Co

Out of State In KY

(Requires Board Approval)

Return Time: 2:00

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

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:

Employee Name:

Location/Position:

Yes

No

Yes

No

Yes

No

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?

ESTIMATED EXPENSES:

Substitute Needed:

YES or NO No. of Days

Method of Payment:

Registration Fee: \$0

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 \$ —

\$ —

How many days

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 Ritchie

Date 10-23-17

Signature of Principal/Supervisor

[Signature]

Date 10-23-17

Today's Date: 11/2/17

~ 3:46 pm

Show w/ your maps at PIC & State Accelator/James Norriss

Review/Revised: 7/11/2016