

Professional Meeting and/or Travel Request FormEmployee Name: **Bobby Love**School/Work Location: **LCMS**Location of Conference/Workshop: **Pennyrile****State Park**Out of District **Yes**

Out of State

City, State Location of Conference/Workshop: **Dawson Springs, KY**

(Requires Board Approval)

Conference/Workshop Date(s): **11/16/17**Departure Time: **7:00**Return Time: **4:00**Conference/Workshop Name: **CSIP/eProve/Assurances**Rationale for Attendance: **To get updated on the new eProve system.**

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:

ARE YOU REQUESTING PROFESSIONAL DEVELOPMENT CREDIT?

Yes

No **X**

Credit must be approved by the SBDM and/or Professional Development Coordinator

ARE YOU REQUESTING INSTRUCTIONAL LEADERSHIP CREDIT?

Yes **X**

No

WILL YOU BE PARTICIPATING AS A CONSULTANT?

Yes

No **X**HOW WILL YOU SHARE INFORMATION GAINED WITH COLLEAGUES? **SBDM MEETINGS****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

Hotel/Lodging (amount per night) \$

How many nights

0

Method of Payment:

Meals \$

Method of Payment:

Car Rental (amount per day) \$

How many days 0

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 Bobby LoveDate 11/14/17

Signature of Principal/Supervisor _____

Date _____

Signature of Superintendent/Designee (If Necessary) _____

Date _____

Review/Revised: 7/11/2016