

Professional Meeting and/or Travel Request FormEmployee Name: Dee WrightToday's Date: 11-10-17

School/Work Location:

Location of Conference/Workshop:

Out of District

Out of State

City, State Location of Conference/Workshop:

(Requires Board Approval)

Conference/Workshop Date(s): 11-10-17

Departure Time:

Return Time:

Conference/Workshop Name: Fall Institute (Preschool)

Rationale for Attendance:

Reason for attending the fall Institute is to be part of and gain knowledge in two areas. 1. Art/Music with a purpose (each participant receives \$2,200.00 in classroom materials.) 2. Behavior Management Session

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

Employee Name: Dee WrightEmployee Name: Wendy ClaudioEmployee Name: Morgan Loveley

Employee Name:

Location/Position: North Preschool Lead Teacher
 Location/Position: North Preschool Teacher Assistant
 Location/Position: North Preschool Lead Teacher

ARE YOU REQUESTING PROFESSIONAL DEVELOPMENT CREDIT?

Yes

NO

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

Yes

ARE YOU REQUESTING INSTRUCTIONAL LEADERSHIP CREDIT?

Yes

WILL YOU BE PARTICIPATING AS A CONSULTANT?

NO *Wendy Claudio will use towards her CDA

HOW WILL YOU SHARE INFORMATION GAINED WITH COLLEAGUES?

ESTIMATED EXPENSES:

Substitute Needed:

YES or NO No. of Days

Registration Fee: \$

None

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 51

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) \$

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

Dee Wright

Date

11-10-17

Signature of Principal/Supervisor

Sharon

Date

11-10-17

Signature of Superintendent/Designee (If Necessary)

Date

Review/Revised: 7/11/2016