

**Professional Meeting and/or Travel Request Form**Employee Name: **Victor Zimmerman**

Today's Date: 11/17/17

School/Work Location: **Board office**Location of Conference/Workshop: **Capitol Plaza Hotel** Out of DistrictCity, State Location of Conference/Workshop: **Frankfort**Conference/Workshop Date(s): **Jan. 31 & Feb. 1, 2018**Conference/Workshop Name: **LEAD**Rationale for Attendance: **Legislative Advocacy**Out of State  
(Requires Board Approval)

Departure Time:

Return Time:

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

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

ARE YOU REQUESTING INSTRUCTIONAL LEADERSHIP CREDIT?

Yes

No

WILL YOU BE PARTICIPATING AS A CONSULTANT?

Yes

No

HOW WILL YOU SHARE INFORMATION GAINED WITH COLLEAGUES?

**ESTIMATED EXPENSES:**

Substitute Needed: YES or NO No. of Days

Registration Fee: \$

Use of Board Vehicle: YES or NO

Use of Personal Vehicle: YES or NO

Mileage \$ No. of Miles

Hotel/Lodging (amount per night) \$150 How many nights 1

Meals \$ 50

Car Rental (amount per day) \$ How many days

Air Fair \$

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\_\_\_\_\_

Date\_\_\_\_\_

Signature of Principal/Supervisor\_\_\_\_\_

Date\_\_\_\_\_

Signature of Superintendent/Designee (If Necessary)\_\_\_\_\_

Date\_\_\_\_\_

Review/Revised:7/11/2016