

Professional Meeting and/or Travel Request FormEmployee Name: Michael E. Davidson & Tessa HooksToday's Date: 11-27-17School/Work Location: LCMS

Location of Conference/Workshop:

Out of District

City, State Location of Conference/Workshop: Edyville, KYOut of State
(Requires Board Approval)

Departure Time:

Return Time:

Conference/Workshop Date(s): Dec 4Conference/Workshop Name: WKEMSRationale for Attendance: Grant participants

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

Employee Name: Michael E. DavidsonEmployee Name: Tessa Hooks

Employee Name:

Employee Name:

Location/Position: LCMS/Sp. Ed.
Location/Position: LCMS/Science
Location/Position:

Location/Position:

Yes
No

Yes

Yes
No

Yes

Yes
No

HOW WILL YOU SHARE INFORMATION GAINED WITH COLLEAGUES?

Yes**ESTIMATED EXPENSES:**

Substitute Needed:

YES or NO

No. of Days

Registration Fee: \$

None

Use of Board Vehicle:

NO

YES or NO

Use of Personal Vehicle:

Yes

YES or NO

Mileage \$

No. of Miles

Hotel/Lodging (amount per night)

Meals \$

How many nights

Car Rental (amount per day)

How many days

Air Fair \$

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