

**Professional Meeting and/or Travel Request Form**

Employee Name: Bobby Lure  
 School/Work Location: LCMS

Today's Date: 11-28-17

Location of Conference/Workshop: St. Charles, Mo Out of District

City, State Location of Conference/Workshop:

Conference/Workshop Date(s): February 6-7

Conference/Workshop Name: Leader In Me Symposium

Rationale for Attendance: Fulfill Grant Responsibilities

(Requires Board Approval)  
 Out of State

Departure Time: 3:00 Feb 6, Return Time: 7:00 Feb. 7  
2018 2018

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

Employee Name: Pebbie Doorn

Employee Name: Leigh Kinis

Employee Name: Stacy Walker

Employee Name: Tiffany Hynes

ARE YOU REQUESTING PROFESSIONAL DEVELOPMENT CREDIT?

Location/Position: LCMS / Teacher  
 Location/Position: LCMS / Teacher  
 Location/Position: LCMS / Asst. Prin  
 Location/Position: LCMS / Teacher

Credit must be approved by the SBDM and/or Professional Development Coordinator  
 ARE YOU REQUESTING INSTRUCTIONAL LEADERSHIP CREDIT?

Yes ☒ No ☒  
 Yes ☐ No ☐

WILL YOU BE PARTICIPATING AS A CONSULTANT?

Yes

HOW WILL YOU SHARE INFORMATION GAINED WITH COLLEAGUES? PLC's, Faculty Meetings

**ESTIMATED EXPENSES:**

Substitute Needed:

Registration Fee: \$

YES or NO

No. of Days 2 x 3 Teachers

Method of Payment:

Leader In Me Grant

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:

Leader In Me Grant

Meals \$

How many days

Method of Payment:

Leader In Me Grant

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

Date

Signature of Principal/Supervisor

Date

Signature of Superintendent/Designee (if Necessary)

Date

Review/Revised: 7/11/2016