Professional Meeting and/or Travel Request Form

Employee Name: Deidre Gilbert Today's Date: 11/28/17

School/Work Location: LCB

Location of Conference/Workshop: Marshall Co BOE Out of District Yes Out of State no

(Requires Board Approval)

City, State Location of Conference/Workshop: Benton, KY

Conference/Workshop Date(s): 12/5/17 Departure Time: 8:15 Am Return Time: ends @ 4 pm

Conference/Workshop Name: KY Retirement Reporting

Rationale for Attendance: Training

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 1 Method of Payment:

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 Method of Payment:

Meals $ Method of Payment:

Car Rental (amount per day) $ How many days 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 Deidre Gilbert Date 11-28-17

Signature of Principal/Supervisor _____ Date _____

Signature of Superintendent/Designee (If Necessary) _____ Date _____

Review/Revised:7/11/2016