

PERSONNEL

03.125 AP.21

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

Today's Date:  
11/09/2017

Employee Name: Nora Cherry  
School/Work Location: BOE

Location of Conference/Workshop: Paducah BOE  
City, State Location of Conference/Workshop: Paducah, KY

Conference/Workshop Date(s): 11/15/2017

Conference/Workshop Name: KITS Schedule Prep.  
2018-2016

Rationale for Attendance: Info. for 2018-2019 KITS

**Scheduling**

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

Employee Name:  
Employee Name:  
Employee Name:  
Employee Name:

Location/Position:  
Location/Position:  
Location/Position:  
Location/Position:

Yes

No

Yes

No

ARE YOU REQUESTING PROFESSIONAL DEVELOPMENT CREDIT?  
Credit must be approved by the SBDM and/or Professional Development Coordinator  
ARE YOU REQUESTING INSTRUCTIONAL LEADERSHIP CREDIT?  
WILL YOU BE PARTICIPATING AS A CONSULTANT?  
HOW WILL YOU SHARE INFORMATION GAINED WITH COLLEAGUES?

**ESTIMATED EXPENSES:**

Substitute Needed:	YES or NO	No. of Days	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: Nora Cherry Date: 11-9-17  
Signature of Principal/Supervisor: [Signature] Date: 11-9-17  
Signature of Superintendent/Designee (if Necessary): \_\_\_\_\_ Date: \_\_\_\_\_

Review/Revised: 7/11/2016