

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

Employee Name: Deidre Gilbert  
 School/Work Location: Board  
 Location of Conference/Workshop:  
 MarshallCoBOE  
 City, State Location of Conference/Workshop: Benton Ky  
 Conference/Workshop Date(s): 12/1/17  
 Conference/Workshop Name:  
 Rationale for Attendance: Payroll 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? No  
 Credit must be approved by the SBDM and/or Professional Development Coordinator  
 ARE YOU REQUESTING INSTRUCTIONAL LEADERSHIP CREDIT? No  
 WILL YOU BE PARTICIPATING AS A CONSULTANT? No  
 HOW WILL YOU SHARE INFORMATION GAINED WITH COLLEAGUES?

**ESTIMATED EXPENSES:**

Substitute Needed:	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 \_\_\_\_\_ Date \_\_\_\_\_  
 Signature of Principal/Supervisor \_\_\_\_\_ Date \_\_\_\_\_  
 Signature of Superintendent/Designee (If Necessary) \_\_\_\_\_ Date \_\_\_\_\_

Review/Revised:7/11/2016