

PERSONNEL

03.125 AP.21

Professional Meeting and/or Travel Request Form

Employee Name: **Mary Dunning**

Today's Date: 11/29/17

School/Work Location: Livingston County Schools

Location of Conference/Workshop: Conf. Center

Out of District

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

Out of State
(Requires Board Approval)
Departure Time: TBD

Return Time: TBD

Conference/Workshop Date(s): December 6-8, 2017

Conference/Workshop Name: KDA USDA Conference

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

Yes

Yes

No

No

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? Manager's Meetings

ESTIMATED EXPENSES:

Substitute Needed:

YES or **NO** No. of Days

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 \$ 84.00

No. of Miles 200

Food Service Funds

Hotel/Lodging (amount per night)

How many nights

Method of Payment:

Meals \$ 45

Food Service Funds

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

Mary Dunning

Date 11-29-17

Signature of Principal/Supervisor

Date

Signature of Superintendent/Designee (If Necessary)

Date

Review/Revised: 7/11/2016

PERSONNEL

03.125 AP.21

Professional Meeting and/or Travel Request Form

Today's Date: 11/29/17

Employee Name: **Mary Dunning**

School/Work Location: Livingston County Schools

Location of Conference/Workshop: KDE

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

Conference/Workshop Date(s): Jan. 18-19, 2018

Conference/Workshop Name: 21st CCLC State Advisory Meeting

Rationale for Attendance: 21st CCLC

Out of State
(Requires Board Approval)
Departure Time: TBD

Return Time: TBD

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

Employee Name:

Employee Name:

Employee Name:

Employee Name:

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? Manager's Meetings

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

No

No

No

ESTIMATED EXPENSES:

Substitute Needed: YES or ☒ NO No. of Days

Registration Fee: \$

Use of Board Vehicle: YES or ☒ NO

Use of Personal Vehicle: YES or ☒ NO

Mileage \$ 210.00 No. of Miles 500

Hotel/Lodging (amount per night) \$ 250.00 How many nights 2

Meals \$ 120.00

Car Rental (amount per day) \$ How many days

Air Fair \$

Method of Payment:

Method of Payment:

Method of Payment:

Method of Payment: 21CCLC Funds

Method of Payment: 21CCLC Funds

Method of Payment: 21CCLC Funds

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

Mary Dunning

Date 11-29-17

Signature of Principal/Supervisor

Date

Signature of Superintendent/Designee (If Necessary)

Date

Review/Revised: 7/11/2016