

Professional Meeting and/or Travel Request FormEmployee Name: Sylvia DayleToday's Date: 12-1-17School/Work Location: North LivingstonLocation of Conference/Workshop: Edinburgh Out of District YesCity, State Location of Conference/Workshop: Edinburgh, KYConference/Workshop Date(s): 12-8-17(Requires Board Approval)  
Departure Time: 8:00Return Time: 3:00Conference/Workshop Name: WCC Institute of Math & ScienceRationale for Attendance: Strategies & technologies for teaching math & Science

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

Employee Name: Betty Williams,  
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?

Will share strategies and technologies during PLC's  
\$100 faculty meetings.ESTIMATED EXPENSES:Substitute Needed: YES or NO No. of Days 3Method of Payment: West KY Science & MathRegistration Fee: \$ 0

Method of Payment:

Use of Board Vehicle: YES or NO YES or NO

Method of Payment:

Hotel/Lodging (amount per night) \$ 0 How many nights 0

Method of Payment:

Meals \$ 0

Method of Payment:

Car Rental (amount per day) \$ 0 How many days 0

Method of Payment:

Air Fair \$ 0

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: Betty WilliamsDate: 12-1-17Signature of Principal/Supervisor: Sylvia DayleDate: 12-1-17

Signature of Superintendent/Designee (If Necessary): \_\_\_\_\_

Date: \_\_\_\_\_

Review/Revised: 7/11/2016