

Professional Meeting and/or Travel Request Form

Today's Date: 1-8-18

Employee Name: Sylvia Doyle

School/Work Location: NLES

Location of Conference/Workshop: WKEC Edgelyville

Out of District

City, State Location of Conference/Workshop: KY

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

Conference/Workshop Name: Science Literacy & Curric. Practices

Rationale for Attendance:

(Requires Board Approval)
Departure Time: 8:00

Return Time: 3:00

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

Employee Name:

Employee Name:

Employee Name:

Employee Name:

Employee Name:

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

Yes

Yes

Yes

Yes

No
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?

ESTIMATED EXPENSES:

Substitute Needed:

Registration Fee:

Use of Board Vehicle:

Use of Personal Vehicle:

Mileage \$

No. of Miles

Hotel/Lodging (amount per night)

Meals \$

Car Rental (amount per day)

Air Fair \$

How many nights

How many days

Method of Payment:

Method of Payment:

Method of Payment:

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