

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

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

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

Conference/Workshop Name: KDA USDA Conference

Rationale for Attendance: Food Service

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:

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

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?

Manager's Meetings

ESTIMATED EXPENSES:

Substitute Needed:

Registration Fee: \$

Use of Board Vehicle:

Use of Personal Vehicle:

Mileage

Hotel/Lodging (amount per night)

Meals \$ 45

Car Rental (amount per day)

Air Fair \$

YES or NO No. of Days

YES or NO

YES or NO

No. of Miles 200

X 3 = 600

Method of Payment:

Method of Payment:

Method of Payment:

Method of Payment:

Method of Payment:

Method of Payment:

Method of Payment:

Method of Payment:

Method of Payment:

Food Service Funds
Food Service Funds
Food Service Funds
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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