

PERSONNEL

03.125 AP.21

Professional Meeting and/or Travel Request Form

Employee Name: Ronda Herrington
School/Work Location: NLES

Today's Date: 10.29.18

Location of Conference/Workshop: Eddyville Out of District YES
City, State Location of Conference/Workshop: 435 outlet Avenue, Eddyville, KY (Requires Board Approval)
Conference/Workshop Date(s): 2.15.18 Departure Time: 8:00 Return Time: 3:30
Conference/Workshop Name: Engaging Your Learners
Rationale for Attendance: To gain knowledge of strategies to engage learners.

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?
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?
share through emails, on side (in-service) days

ESTIMATED EXPENSES:

Substitute Needed:	<u>YES</u> or NO	No. of Days <u>1</u>	Method of Payment: <u>NLES PD funds</u>
Registration Fee:	\$ <u>0</u>	YES or NO <u>YES</u>	Method of Payment:
Use of Board Vehicle:		YES or NO <u>YES</u>	Method of Payment:
Use of Personal Vehicle:		YES or NO <u>YES</u>	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: Ronda Herrington Date: 10.29.18
Signature of Principal/Supervisor: Sherrill Spencer Date: 1-30-18
Signature of Superintendent/Designee (If Necessary): _____ Date: _____

Review/Revised: 7/1/2016

Fax (270) 928-2112



DATE:	1/29/2018	TAX EXEMPT # B-633	PURCHASE ORDER # 2018-208
Vendor Name:	WKEC	SHIP TO:	Sch. Name or BOE: NLES
Contact Person:		Contact Person:	Sheri Henson
Address:		Address:	1372 US Hwy 60
City/State/Zip:	Eddyville, KY 42038	City/State/Zip:	Smithland, KY 42028
Phone Number:	270-444-6500	Phone Number:	270-988-4000
Fax Number:		Fax Number:	270-988-4779
		BILL TO:	Sch. Name or BOE: NLES
		Contact Person:	Sheri Henson
		Address:	1372 US Hwy 60
		City/State/Zip:	Smithland, KY 42028
		Phone Number:	270-988-4000
		Fax Number:	270-988-4779

PLEASE SUPPLY THE FOLLOWING ITEMS:

[illegible]

SUBTOTAL

Shipping Charges

Handling Charges

TOTAL DUE	\$125.00
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ORDERED BY

APPROVED BY

(For Maintenance And Transportation Use Only)

**BELOW SIGNATURE REQUIRED FOR APPROVAL ON ALL
EXPENSES EXCEEDING THE \$100 MONTHLY ALLOCATION**

SUPERINTENDENT OR FINANCE OFFICER

Fax (270) 928-2112



Vendor #	VENDOR LEAVE BLANK	
Check Number		
Amount Paid	\$	125.00
Date Paid		