Professional Meeting and/or Travel Request Form

Review/Revised:7/11/2016		
Date		Signature of Superintendent/Designee (If Necessary)
Date 1-30-18		Signature of Principal/Supervisor Mui Sellan
Date 1.29.18		Signature of Applicant (Honday Heyrington)
arge.	the place of business making the cha	* Itemized receipts are required for all expenditures. Receipts for expenses must come from the place of business making the charge.
	Method of Payment:	Air Fair
	Method of Payment:	
	Method of Payment:	Meals \$
	Mothod of Downsont	A
	Method of Payment:	\$
	Method of Payment:	Kegistration Fee: \$ \omega\$ VES or NO
SPD Friends	Method of Payment: NLES PD Funds)
		ESTIMATED EXPENSES:
		HOW WILL YOU SHARE INFORMATION GAINED WITH COLLEAGUES? Share through emails, on side (in service) days
	Yes	WILL YOU BE PARTICIPATING AS A CONSULTANT?
No.	Yes	ARE YOU REQUESTING INSTRUCTIONAL LEADERSHIP CREDIT?
No	Yes	ARE YOU REQUESTING PROFESSIONAL DEVELOPMENT CREDIT?
	Location/Position:	Employee Name:
	Location/Position:	Employee Name:
	Location/Position:	Employee Name:
	nd position)	Other District Employees Attending Conference/Workshop (Please list name, school/work location and position)
	o engage learners	rationale for Attendance: To gain knowledge of strategies to engage leavers
,		Conference/Workshop Name: Engaging Your Learners
Return Time: 3:30	G	shop:
	Out of State No	Location of Conference/Workshop: Eddy ville Out of District yes
Date: 1029018	Today's Date:	Employee Name: Ronda Herrington School/Work Location: NLES

Livingston County Schools

PO Box 219, 127 E. Adair St. Smithland, KY 42081 Phone (270)928-2111 Fax (270) 928-2112



TOTAL DUE \$125.00

REQUISITION/PURCHASE ORDER

		1			T					
DATE:	1/29/2018	MPT# B-	633	PURCHASE ORDER # 2018-208						
Vendor Name:	wkec			SHIP TO:	Sch. Name or BOE:	NLES				
Vollage Hallie.						Sheri Henson				
Contact Person:	n:				Address:	1372 US Hwy 60				
Contact r croon.					City/State/Zip:			thland, KY 42028		
Address:					Phone Number:			270-988-4000		
/ taurooo.	100000000000000000000000000000000000000				Fax Number:			270-988-4779		
City/State/Zip:	Eddyville, KY 42038			BILL TO:	Sch. Name or BOE:			NLES		
					Contact Person:		;	Sheri Henson		
Phone Number:	270-444-6500				Address:		1:	372 US Hwy 60		
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					City/State/Zip:	Smithland, KY 42028				
Fax Number:	-				Phone Number:	270-988-4000				
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ITEM NO.	DESCRIPTION	Org. Code	Obj. Code	Project Code	Commodity Code	UNIT	QTY	UNIT COST	OTAL AMOUN	
	Training-Engaging Your Learners	0202118	0338	140D				\$125.00	\$125.00	

ITEM NO.	Y THE FOLLOWING ITEMS: DESCRIPTION	Org. Code	Obj. Code	Project Code	Commodity Code	UNIT	QTY	UNIT COST	OTAL AMOU
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	j.							Handle - Observe	

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

Livingston County Schools

PO Box 219, 127 E. Adair St. Smithland, KY 42081 Phone (270)928-2111 Fax (270) 928-2112



STANDARD INVOICE

Nam	ne of Vendor	WKEC		Purchase C	2018-208			
	Address				•			
C	ity/State/Zip	Eddyville,	KY					
(Contact Info.				_			
according to	law. A properly prep	de out in required form and filed opered invoice shows exact kind on the signed by the vendor or his a	f service, where	, when and l	emized and ver by whom perfor	ified"- rmed; also		
Invoice #	T	Description	Org. Code	Obi. Code	Project Code	Amount		
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Signed								
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Building Principal/Supervisor				Date Paid				
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