Professional Meeting and/or Travel Request Form

Employee Name: Kim Lampley

Today's Date: 2-5-18

School/Work Location: South Christian

Location of Conference/Workshop: Lyon Co Out of District Out of State

City, State Location of Conference/Workshop: Eddyville Ky (Requires Board Approval)

Conference/Workshop Date(s): 2/9/18 Departure Time: 8:00 Return Time:

Conference/Workshop Name: MDT - Multidisciplinary Team

Rationale for Attendance: Review investigations, assess service delivery of cases through the criminal court system, Safety and Protection for child victims of sexual abuse

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? Yes No

Credit must be approved by the SBDM and/or Professional Development Coordinator

ARE YOU REQUESTING INSTRUCTIONAL LEADERSHIP CREDIT? (Yes) if offered No

WILL YOU BE PARTICIPATING AS A CONSULTANT? Yes No

HOW WILL YOU SHARE INFORMATION GAINED WITH COLLEAGUES?

Share with administrators

ESTIMATED EXPENSES:

Substitute Needed:		YES or (NO) No. of Days	Method of Payment:
Registration Fee:	$		Method of Payment:
Use of Board Vehicle:		YES or ~~NO~~	Method of Payment:
Use of Personal Vehicle:		(YES) or NO	Method of Payment:
Mileage	$	0 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 Kim Lampley Date 2-5-18

Signature of Principal/Supervisor Becky Manning Date 2-5-18

Signature of Superintendent/Designee (If Necessary) _____ Date _____

Review/Revised:7/11/2016