Professional Meeting and/or Travel Request Form

Employee Name: Morgan Loxley Today's Date: 1-24-18
School/Work Location: NLES
Location of Conference/Workshop: (Out of District) Out of State
City, State Location of Conference/Workshop: Owensboro, KY
(Requires Board Approval)
Conference/Workshop Date(s): 1-26-18 Departure Time: 7:00 Return Time: 5:30
Conference/Workshop Name: New Teacher Training Training 9:00-3:30
Rationale for Attendance: New preschool employee

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 (No)
WILL YOU BE PARTICIPATING AS A CONSULTANT? Yes (No)
HOW WILL YOU SHARE INFORMATION GAINED WITH COLLEAGUES? Collaboration with instructional assistant.

ESTIMATED EXPENSES:

Substitute Needed:	(YES) or NO	No. of Days 1	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	$	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 Morgan Loxley Date 1-24-18
Signature of Principal/Supervisor Sheri Abrams Date 1-24-18
Signature of Superintendent/Designee (If Necessary) _____ Date _____

Review/Revised:7/11/2016