

Professional Meeting and/or Travel Request FormToday's Date: **2/8/2018**Employee Name: **Malinda Jones**
School/Work Location: **LCMS & LCHS/OZONE & PASS**Location of Conference/Workshop: **Capital Plaza Hotel** Out of District
City, State Location of Conference/Workshop: **Frankfort, KY**Out of State
(Requires Board Approval)
Departure Time: **TBD**Conference/Workshop Date(s): **March 5-6, 2018**Return Time: **TBD**Conference/Workshop Name: **21st CCLC Summer Learning Training**Rationale for Attendance: **Mandatory 21st CCLC Training**

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:

ARE YOU REQUESTING PROFESSIONAL DEVELOPMENT CREDIT?

Yes

No

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

Yes

No

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? Train-the-trainer

ESTIMATED EXPENSES:Substitute Needed: YES or NO No. of Days

Registration Fee: \$ 0.00

Method of Payment:

Use of Board Vehicle:

YES or NO

Method of Payment:

Use of Personal Vehicle:

YES or NO

Method of Payment:

Mileage \$ 200.00

No. of Miles 475

Method of Payment: 21st CCLC Grant Funds

Hotel/Lodging (amount per night) \$ 125 How many nights 1

Method of Payment: 21st CCLC Grant Funds

Meals \$ 70

Method of Payment: 21st CCLC Grant Funds

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 Malinda JonesDate 2/8/2018Signature of Principal/Supervisor Date 2/8/2018Signature of Superintendent/Designee (If Necessary) Date 2/9/18

Review/Revised: 7/11/2016

Professional Meeting and/or Travel Request FormEmployee Name: **Tina Scheer**Today's Date: **2/8/2018**School/Work Location: **SLES/MRA**Location of Conference/Workshop: **Capital Plaza Hotel** Out of DistrictCity, State Location of Conference/Workshop: **Frankfort, KY**Conference/Workshop Date(s): **March 4-5, 2018**(Requires Board Approval)
Departure Time: **TBD**Conference/Workshop Name: **21st CCLC Summer Learning Training**Return Time: **TBD**Rationale for Attendance: **Mandatory 21st CCLC Training**

Other District Employees Attending Conference/Workshop (Please list name, school/work location and position)

Employee Name: **Pam Smith**

Employee Name:

Employee Name:

Employee Name:

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? Train-the-trainer

ESTIMATED EXPENSES:

Substitute Needed:

YES or NO No. of Days

Registration Fee:

\$ 0.00

Use of Board Vehicle:

YES or NO

Use of Personal Vehicle:

YES or NO

Mileage

\$ 200.00

No. of Miles **475**

Hotel/Lodging (amount per night)

\$ 125 How many nights **1**

Meals

\$ 140

Car Rental (amount per day)

\$

How many days

Air Fair

\$

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 **Tina Scheer**Date **2/8/2018**

Signature of Principal/Supervisor

Date **2/8/2018**

Signature of Superintendent/Designee (If Necessary)

Date

Review/Revised: 7/11/2016