

PERSONNEL

03.125 AP.21

**Professional Meeting and/or Travel Request Form**

Employee Name: Daniel Murphy  
School/Work Location: LCHS

Today's Date: 2-5-18

Location of Conference/Workshop: Walsh Co, W.S. District Out of Yes  
City, State Location of Conference/Workshop: Dixon, KY  
Conference/Workshop Date(s): 2-9-18  
Conference/Workshop Name: 2nd Region AD Meeting  
Rationale for Attendance: updates regarding Athletics

Out of State No  
(Requires Board Approval)  
Departure Time: 7:30 AM Return Time: 4:30 PM

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

Employee Name:  
Employee Name:  
Employee Name:

Location/Position:  
Location/Position:  
Location/Position:

Yes  
Yes  
Yes

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 info with coaches through email

**ESTIMATED EXPENSES:**

YES  
Substitute Needed: NO or No. of Days  
Registration Fee: \$  
Use of Board Vehicle: YES or NO  
Use of Personal Vehicle: YES or NO  
Mileage \$ No. of Miles  
Hotel/Lodging (amount per night) \$ How many nights  
Meals \$  
Car Rental (amount per day) \$ How many days  
Air Fair \$  
Method of Payment:  
Method of Payment:  
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: [Signature] Date: 2-5-18  
Signature of Principal/Supervisor: [Signature] Date: 2/6/18