

Professional Meeting and/or Travel Request FormEmployee Name: **Victor Zimmerman**

Today's Date: 2/20/18

School/Work Location: **Board office**Location of Conference/Workshop: **Galt House**☐ Out of DistrictCity, State Location of Conference/Workshop: **Louisville**Out of State
(Requires Board Approval)Conference/Workshop Date(s): **March 2-4, 2018**

Departure Time:

Return Time:

Conference/Workshop Name: **KSBA Conference**Rationale for Attendance: **Training**

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

Employee Name: **Board Members**

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?

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

Registration Fee: \$285 x 6

Method of Payment:

Use of Board Vehicle: ☒ YES or NO

Method of Payment:

Use of Personal Vehicle: YES or ☒ NO

Method of Payment:

Method of Payment:

Mileage \$1,008 No. of Miles 205 x 6 one-way

Hotel/Lodging (amount per night) \$150 How many nights 2 x 6

Method of Payment:

Meals \$ 50 X 6

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_____

Date_____

Signature of Principal/Supervisor_____

Date_____

Signature of Superintendent/Designee (If Necessary)_____

Date_____

Review/Revised:7/11/2016