

**Professional Meeting and/or Travel Request Form**Today's Date: 2/19/18Employee Name: Terrin HaydenSchool/Work Location: LCMSLocation of Conference/Workshop: Nashville, TN Out of District yes

City, State Location of Conference/Workshop:

Conference/Workshop Date(s): April 5, 2018Conference/Workshop Name: GM DramaRationale for Attendance: Pan anxiety, depression, self harm, etc...Out of State yes

(Requires Board Approval)

Departure Time: April 4 pm Return Time: April 5 pm

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

Employee Name:

Employee Name:

Employee Name:

Employee Name:

Location/Position:

Location/Position:

Location/Position:

Location/Position:

Yes

NOYESNO

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?

**ESTIMATED EXPENSES:**

Substitute Needed: \$

YES or NO No. of Days

Registration Fee: \$

Use of Board Vehicle: \$

Use of Personal Vehicle: \$

Mileage \$

YES or NO  
YES or NO No. of Miles

Hotel/Lodging (amount per night) \$

How many nights 1

Meals \$

Car Rental (amount per day) \$

How many days

Air Fair \$

Method of Payment:

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: Terrin HaydenDate: 2/19/18Signature of Principal/Supervisor: Betsy DavisDate: 2-9-18Signature of Superintendent/Designee (If Necessary): Victor SmithDate: 2/20/18

Review/Revised: 7/11/2016

Amy said she could  
pay for 1 night hotel  
& registration for this.