Professional Meeting and/or Travel Request Form

Date		Signature of Superintendent/Designee (If Necessary)
Date		Signature of Principal/Supervisor
Date 2-26-18		Signature of Applicant May Dunnay
	ace of business making the charge.	* Itemized receipts are required for all expenditures. Receipts for expenses must come from the place of business making the charge.
	Method of Payment:	ADDITIONAL INCTIONS: Air Fair \$
	Method of Payment:	Car Rental (amount per day) \$ How many days
	Method of Payment:	Meals \$ 100
	Method of Payment:	Hotel/Lodging (amount per night) \$ 550.00How many nights 3
	430	Mileage \$180.00 No. of Miles 430
		Registration Fee: \$ 535.00 Use of Board Vehicle: YES or NO Use of Personal Vehicle: YES or NO
	Mathod of Bormont	90
No No	Yes Yes	ARE YOU REQUESTING INSTRUCTIONAL LEADERSHIP CREDIT? WILL YOU BE PARTICIPATING AS A CONSULTANT? HOW WILL YOU SHARE INFORMATION GAINED WITH COLLEAGUES? Train-the-trainer
4	163	Credit must be approved by the SBDM and/or Professional Development Coordinator
Z	Location/Position:	ARE VOIT DEOLIECTING DEOLESCIONAL DEVELOPMENT CREDITS
	Location/Position:	Employee Name: Employee Name:
		Employee Name:
	tion)	Rationale for Attendance: School Business Conference Other District Employees Attending Conference/Workshop (Please list name, school/work location and position)
Return Time: TBD	Departure Time: TBD	Conference/Workshop Name: KASBO Conference Conference/Workshop Name: KASBO Conference
	Out of State	School/Work Location: Livingston County School District Location of Conference/Workshop: Out of District Out of District
rodays Date: replualy 20, 2010	Todays	Employee Name: Waly Dullilling