

Professional Meeting and/or Travel Request FormEmployee Name: **Tina Lawless**Today's Date: **2/8/2018**School/Work Location: **NLES/NSA**Location of Conference/Workshop: **Capital Plaza Hotel** Out of DistrictCity, State Location of Conference/Workshop: **Frankfort, KY**Out of State
(Requires Board Approval)Conference/Workshop Date(s): **March 4-5, 2018**Departure Time: **TBD**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:

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 NoHOW WILL YOU SHARE INFORMATION GAINED WITH COLLEAGUES? **Train-the-trainer****ESTIMATED EXPENSES:**Substitute Needed: YES or NO No. of DaysRegistration Fee: \$ **0.00**

Method of Payment:

Method of Payment:

Use of Board Vehicle: YES or NO

Method of Payment:

Use of Personal Vehicle: YES or NO

Method of Payment:

Mileage \$ _____ No. of Miles

Hotel/Lodging (amount per night) \$ **125** How many nights **1**Method of Payment: **21st CCLC Grant Funds**Meals \$ **35**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 Tina LawlessDate 2/8/2018

Signature of Principal/Supervisor _____

Date 2/8/2018

Signature of Superintendent/Designee (If Necessary) _____

Date _____

Review/Revised: 7/11/2016