

PERSONNEL

03.125 AP.21

Professional Meeting and/or Travel Request FormEmployee Name: Mallory DukesToday's Date: 2-7-18School/Work Location: SLES

Location of Conference/Workshop:

Out of District

City, State Location of Conference/Workshop:

Out of State
(Requires Board Approval)
Departure Time:

Return Time:

Conference/Workshop Date(s): 2-23-18Conference/Workshop Name: New Teacher Training Day 2

Rationale for Attendance:

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

Employee Name: Kayla WoodLocation/Position: SLES Preschool TA.

Employee Name:

Location/Position:

Employee Name:

Location/Position:

Employee Name:

Location/Position:

ARE YOU REQUESTING PROFESSIONAL DEVELOPMENT CREDIT?

Credit must be approved by the SBDN 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 information learned at staff meetings. If handouts are given I will make copies to give to colleagues.

ESTIMATED EXPENSES:

Substance Needed:

YES or NO

No. of Days

Method of Payment:

Registration Fee: \$

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

114

Hotel/Lodging (amount per night)

How many nights

Method of Payment:

Meals \$

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.

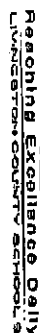
Signature of Applicant: Mallory DukesDate: 2-7-18Signature of Principal/Supervisor: Becky ManningDate: 2-7-18

Signature of Superintendent/Designee (If Necessary):

Date:

Review/Revised: 7/11/2016

Phone (270)928-2111, Fax (270) 928-2112



OF MILES

114

[illegible]

TOTAL MILEAGE

CURRENT MILEAGE RATE

TOTAL COST

114

X.41

\$0.00

第 416.74 号

EMPLOYEE SIGNATURE _____

Malcolm Dukes

SUPERVISOR SIGNATURE _____

Becky Hamers