

Professional Meeting and/or Travel Request Form

Employee Name:

Today's Date: 3/5/18

School/Work Location: **LCHS**

Location of Conference/Workshop: **Ramada Plaza Hotel** Out of District **YES**
 City, State Location of Conference/Workshop: **Louisville, KY**

Out of State **NO**
 (Requires Board Approval)
 Departure Time:

Conference/Workshop Date(s): **4/24/18- 4/27/18****9:00AM**Return Time: **5:00PM**Conference/Workshop Name: **KHSADA Conference**

Rationale for Attendance: Receive required AD training, receive KHSAA updates, and new ideas to improve athletic program

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:

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? Share info with coaches through email

ESTIMATED EXPENSES:

YES

or

No. of Days

Method of Payment:

No

Substitute Needed:

NO

Method of Payment:

No

Registration Fee: \$

YES or NO

Method of Payment:

No

Use of Board Vehicle:

YES or **NO**

Method of Payment:

No

Use of Personal Vehicle:

YES or **NO**

Method of Payment:

No

Mileage \$

No. of Miles

Hotel/Lodging (amount per night)

\$110How many nights **3**

Method of Payment:

No

Meals

\$480**150**

Method of Payment:

No

Car Rental (amount per day) \$

How many days

Method of Payment:

No

Air Fair \$

Method of Payment:

No**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 *Daniel Murphy*Date 3/7/18

Signature of Principal/Supervisor _____
Signature of Superintendent/Designee (If Necessary) _____

A handwritten signature in black ink, appearing to read "David A. May". The signature is written over a horizontal line.

Date 3/14/18
Date _____

Review/Revised: 7/11/2016