

Professional Meeting and/or Travel Request Form

Today's Date:

Employee Name: Scott GraySchool/Work Location: Livingston Carter High School

Location of Conference/Workshop:

Out of District YESOut of State NO
(Requires Board Approval)Departure Time: 8:45Return Time: 11:00City, State Location of Conference/Workshop: Paducah KyConference/Workshop Date(s): 3/15/18Conference/Workshop Name: SAMS

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?
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?

NONONO**ESTIMATED EXPENSES:**

Substitute Needed:

YES or NO

Method of Payment:

Registration Fee:

\$ 0

Method of Payment:

Use of Board Vehicle:

YES or NO

Method of Payment:

Use of Personal Vehicle:

YES or NO

Method of Payment:

Mileage

\$ 0

No. of Miles

Method of Payment:

Hotel/Lodging (amount per night)

\$ 0

How many nights

Method of Payment:

Meals

\$ 0

Method of Payment:

Car Rental (amount per day)

\$ 0

How many days

Method of Payment:

Air Fair

\$ 0

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

Date

Signature of Principal/Supervisor

Date

Signature of Superintendent/Designee (If Necessary)

Date

Review/Revised: 7/1/2016