

**Professional Meeting and/or Travel Request Form**Employee Name: Scott Gray

Today's Date:

School/Work Location: Livingston Carter High School

Location of Conference/Workshop:

City, State Location of Conference/Workshop: Rocky 14 YesConference/Workshop Date(s): 3/19/18Conference/Workshop Name: 5 And 1Rationale for Attendance: Pick up Iraq for Art LessonOut of State No  
(Requires Board Approval)Departure Time: 10:00Return Time: 10:00

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

Employee Name:

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?

Yes

Yes

No

No

**ESTIMATED EXPENSES:**

Substitute Needed:

YES or NO

Registration Fee:

\$ 0

Use of Board Vehicle:

\$ 0

Use of Personal Vehicle:

\$ 0

Mileage:

\$ 0

Hotel/Lodging (amount per night)

\$ 0

Meals

\$ 0

Car Rental (amount per day)

\$ 0

Air Fair

\$ 0

How many nights

How many days

No. of Miles

Method of Payment:

Method of Payment:

Method of Payment:

Method of Payment:

Method of Payment:

Method of Payment:

Method of Payment:

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

Signature of Principal/Supervisor

Signature of Superintendent/Designee (If Necessary)

Date

Date

Date

Review/Revised: 7/11/2016