

**Professional Meeting and/or Travel Request Form**

Employee Name: Pam Garrett Today's  
 School/Work Location: BOE Date: 3/19/2018  
 Location of Conference/Workshop: 4 Rivers Beh Health Out of District YES Out of State NO  
 City, State Location of Conference/Workshop: 4<sup>th</sup> and Broadway, Paducah, KY (Requires Board Approval)  
 Conference/Workshop Date(s): 3/20/2018 Departure Time: 12:00 PM Return Time:  
 Conference/Workshop Name: RIAC  
 Rationale for Attendance:

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 x
Credit must be approved by the SBDM and/or Professional Development Coordinator		
ARE YOU REQUESTING INSTRUCTIONAL LEADERSHIP CREDIT?	Yes	No x
WILL YOU BE PARTICIPATING AS A CONSULTANT?	Yes	No x
HOW WILL YOU SHARE INFORMATION GAINED WITH COLLEAGUES?		

**ESTIMATED EXPENSES:**

Substitute Needed:	NO	No. of Days .5	Method of Payment:
Registration Fee: \$			Method of Payment:
Use of Board Vehicle:	NO		Method of Payment:
Use of Personal Vehicle:	YES		Method of Payment:
Mileage \$		No. of Miles	
Hotel/Lodging (amount per night) \$	How many nights 0		Method of Payment:
Meals \$			Method of Payment:
Car Rental (amount per day) \$	How many days 0		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 _____ Pamela Garrett	Date 3/19/2018 _____
Signature of Principal/Supervisor _____	Date _____
Signature of Superintendent/Designee (If Necessary) _____	Date _____

Review/Revised: 7/11/2016