

Professional Meeting and/or Travel Request Form

Employee Name: Tammy Sayle

Today's Date: 3/19/2018

School/Work Location:

Location of Conference/Workshop: Eddyville Out of District Yes

Out of State No

City, State Location of Conference/Workshop: Eddyville, KY

(Requires Board Approval)

Conference/Workshop Date(s): 4/11/2018

Departure Time: 9:15 a.m. ne: 1:30 p.m.

Conference/Workshop Name: KASA Regional Meeting

Rationale for Attendance: Leadership for District

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

Employee Name: Pam Garrett

Location/Position:

Employee Name:

Location/Position:

Employee Name:

Location/Position:

Employee Name:

Location/Position:

ARE YOU REQUESTING PROFESSIONAL DEVELOPMENT CREDIT?

NO

Credit must be approved by the SBDM and/or Professional Development Coordinator

ARE YOU REQUESTING INSTRUCTIONAL LEADERSHIP CREDIT?

3 hrs

WILL YOU BE PARTICIPATING AS A CONSULTANT?

No

HOW WILL YOU SHARE INFORMATION GAINED WITH COLLEAGUES? PLC Meetings,
Leadership of Program**ESTIMATED EXPENSES:**

Substitute Needed:

NO

No. of Days

Method of Payment:

Registration Fee: \$ 0.00

Method of Payment:

Use of Board Vehicle:

NO

Method of Payment:

Use of Personal Vehicle:

YES

Method of Payment:

Mileage \$ 0.00

No. of Miles

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 Tammy SayleDate 3/19/2018

Signature of Principal/Supervisor _____

Date _____

Signature of Superintendent/Designee (If Necessary) _____

Date _____

Review/Revised: 7/11/2016