

**Professional Meeting and/or Travel Request Form**Employee Name: **Victor Zimmerman**

Today's Date: 03/23/18

School/Work Location: **Board office**Location of Conference/Workshop: **Fleming County Schools** Out of DistrictCity, State Location of Conference/Workshop: **Flemingsburg**Conference/Workshop Date(s): **March 26, 2018**Conference/Workshop Name: **Site visit**Rationale for Attendance: **Systems collaboration**

Out of State

(Requires Board Approval)

Departure Time:

Return Time:

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

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?

**ESTIMATED EXPENSES:**

Substitute Needed:

YES or NO

No. of Days

Method of Payment:

Registration Fee: \$

Method of Payment:

Use of Board Vehicle:

YES or NO

Method of Payment:

Use of Personal Vehicle:

YES or NO

Method of Payment:

Mileage \$

No. of Miles

Hotel/Lodging (amount per night) \$

How many nights 1

Method of Payment:

Meals \$ 25

Method of Payment:

Car Rental (amount per day) \$

How many days

Method of Payment:

Air Fair \$

Method of Payment:

**ADDITIONAL INSTRUCTIONS:**

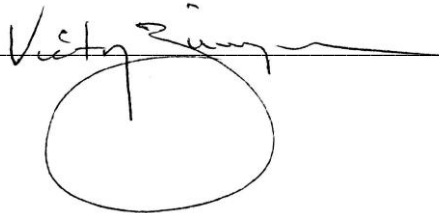
\* Itemized receipts are required for all expenditures. Receipts for expenses must come from the place of business making the charge.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

Signature of Principal/Supervisor \_\_\_\_\_

Date \_\_\_\_\_

Signature of Superintendent/Designee (If Necessary)  \_\_\_\_\_

Date 3/23/18

Review/Revised: 7/11/2016