

Professional Meeting and/or Travel Request Form

Today's Date: 3/8/18

Employee Name: Joseph MonymackieSchool/Work Location: South Livingston Elem.Location of Conference/Workshop: Washington, DC Out of DistrictOut of State Yes
(Requires Board Approval)Departure Time: 8:00 a.m. Return Time: 7:00 p.m.City, State Location of Conference/Workshop: Washington, D.C.Conference/Workshop Date(s): 5/11/18 - 5/18/18Conference/Workshop Name: National Writing ProgramRationale for Attendance: Continued part of the training for the program and it ties into the social studies curriculum.

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

Employee Name:

Employee Name:

Employee Name:

Employee Name:

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?

Presenting at the College and Career Readiness Summit and in our PLC's**ESTIMATED EXPENSES:**Substitute Needed: YES or NO No. of Days 3

Registration Fee: \$

Use of Board Vehicle: YES or NOUse of Personal Vehicle: YES or NO

Mileage \$ No. of Miles

Hotel/Lodging (amount per night) \$ How many nights 4

Meals \$

Car Rental (amount per day) \$ How many days

Air Fair \$

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 Joseph MonymackieSignature of Principal/Supervisor Debbie AlexanderSignature of Superintendent/Designee (If Necessary) Vicki SmithDate 3/8/18Date 3-8-18Date 3/29/18

Review/Revised: 7/11/2016