

Professional Meeting and/or Travel Request Form

Employee Name: **District Staff** Today's Date: **4/13/18**
 School/Work Location: All School Locations
 Location of Conference/Workshop: Out of District **X** Out of State
 City, State Location of Conference/Workshop: **Frankfort** (Requires Board Approval)
 Conference/Workshop Date(s): **Teacher's Rally at KDE** Departure Time: Return Time:
 Conference/Workshop Name:
 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

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	Method of Payment:
Meals \$			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_____

Review/Revised:7/11/2016