

Professional Meeting and/or Travel Request FormEmployee Name: **BJ Fern, DTC**Today's Date: **5/16/2018**

School/Work Location:

Location of Conference/Workshop: **KATE**Out of DistrictOut of State

City, State Location of Conference/Workshop:

MSU Murray, KY

(Requires Board Approval)

Conference/Workshop Date(s): **5/31/2018**Departure Time: **7:00 a.m.**Return Time: **4:00 p.m.**Conference/Workshop Name: **Digital Learning Summit, MSU**

Rationale for Attendance:

In addition to the training sessions, WKATC has opted to hold their May meeting at this Summit.

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

Employee Name: **Regina Durard**Location/Position: **District Technology Staff**Employee Name: **Willa Coleman**Location/Position: **District Technology Staff**

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?

Knowledge gained will be shared with current users and others, interested in Google for instruction.

ESTIMATED EXPENSES:Substitute Needed: YES or NO No. of Days

Registration Fee: \$ Free

Method of Payment:

Use of Board Vehicle: YES or NO

Method of Payment:

Use of Personal Vehicle: YES or NO

Method of Payment:

Mileage \$.41

No. of Miles 100 approximately round-trip

Method of Payment:

KETS for mileage reimbursement PO TECH2018-065

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

Method of Payment:

Meals \$

Method of Payment:

Car Rental (amount per day) \$ N/A 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 BJ FernDate 5/16/2018

Signature of Principal/Supervisor _____

Date _____

Signature of Superintendent/Designee (If Necessary) _____

Date _____

Review/Revised: 7/11/2016

Professional Meeting and/or Travel Request FormEmployee Name: **BJ Fern, DTC**Today's Date: **5/16/2018**

School/Work Location:

Location of Conference/Workshop: **Owensboro** Out of District

Out of State

City, State Location of Conference/Workshop:

(Requires Board Approval)

Conference/Workshop Date(s): **6/19/2018**Owensboro Convention Center, Departure Time: **6:00 a.m.**Return Time: **6:00 p.m.**Conference/Workshop Name: **KET Media Training**

501 West 2nd Street, Owensboro, KY 42301

Rationale for Attendance:

To gain knowledge using existing devices in the district, for multiple functionality w/o additional cost.

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

Employee Name: **Regina Durard**Location/Position: **District Technology Staff**

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?

Knowledge gained will be shared with current users and others, interested in Google for instruction.

ESTIMATED EXPENSES:Substitute Needed: YES or NO No. of Days

Registration Fee: \$ Free

Method of Payment:

Method of Payment:

Use of Board Vehicle: YES or NO

Method of Payment:

Use of Personal Vehicle: YES or NO

Method of Payment:

Mileage \$.41

No. of Miles 240 approximately round-trip

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

Method of Payment:

Meals \$

Method of Payment:

Car Rental (amount per day) \$ N/A 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 BJ FernDate 5/16/2018

Signature of Principal/Supervisor _____

Date _____

Signature of Superintendent/Designee (If Necessary) _____

Date _____

Review/Revised: 7/11/2016