

PERSONNEL

03.125 AP.21

Professional Meeting and/or Travel Request Form

Employee Name: Ami Ramez
School/Work Location: Central Office

Today's Date: 5/2/15

Location of Conference/Workshop:

Out of District ☒

Out of State

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

(Requires Board Approval)

Conference/Workshop Date(s): 5/2/15

Departure Time: 10:20am

Return Time: 1:30pm

Conference/Workshop Name: Lunch! Learn Jackson Padua's Legacy Radio

Rationale for Attendance: Is list to optins on how to enhance district wide communication

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

Employee Name:
Employee Name:
Employee Name:
Employee Name:

Location/Position:
Location/Position:
Location/Position:
Location/Position:

Yes
Yes
Yes

No
No
No

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? PLC meeting

ESTIMATED EXPENSES:

Substitute Needed:	YES or <u>NO</u>	No. of Days	Method of Payment:
Registration Fee:	\$ <u>None</u>		Method of Payment:
Use of Board Vehicle:			Method of Payment:
Use of Personal Vehicle:	YES or <u>NO</u>	YES or <u>NO</u>	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:

No reimbursement requested

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: [Signature] Date: 5/2/15
Signature of Principal/Supervisor: [Signature] Date: _____
Signature of Superintendent/Designee (If Necessary): [Signature] Date: _____

Review/Revised: 7/11/2016