

Professional Meeting and/or Travel Request FormEmployee Name: Geco RossToday's Date: June 20-21, 2018School/Work Location: SLESLocation of Conference/Workshop: Alhambra Co.Out of District

City, State Location of Conference/Workshop:

(Requires Board Approval)

Conference/Workshop Date(s): June 21, 2018Departure Time: 12:00 PM

Return Time:

Conference/Workshop Name: National Board Professional Learning School OnboardingJune 207:00 PM
June 21Rationale for Attendance: SRL Grant

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

Employee Name: Heather Snyder

Location/Position:

SLESEmployee Name: Teri Walker

Location/Position:

SLES

Employee Name: (

Location/Position:

SLES

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? Embed in PLC & Faculty meetings; book study w/all teachersESTIMATED EXPENSES:

Substitute Needed:

YES or NO No. of DaysRegistration Fee: \$ 0

Method of Payment:

Use of Board Vehicle:

YES or NO if available

Method of Payment:

Use of Personal Vehicle:

YES or NO if no board vehicle

Method of Payment:

Mileage \$ 0

No. of Miles

219 x 2 = 438 total miles

(Paid by KYNT³ grant)

Hotel/Lodging (amount per night)

\$ 0How many nights 1

Method of Payment:

Meals \$ 0

Method of Payment:

Car Rental (amount per day) \$ 0

How many days

Method of Payment:

Air Fair \$ 0

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 5-31-18

Signature of Principal/Supervisor

Date 5-31-18

Signature of Superintendent/Designee (If Necessary)

Date

Review/Revised: 7/11/2016