

Professional Meeting and/or Travel Request FormEmployee Name: Geco RossToday's Date: July 16-17School/Work Location: SLESLocation of Conference/Workshop: Louisville, KY(Out of District)

Out of State

City, State Location of Conference/Workshop:

(Requires Board Approval)

Conference/Workshop Date(s): July 17Striving Readers KickoffDeparture Time: 12 noonConference/Workshop Name: SRL GrantCrown Plaza Hotel Louisville, KYRationale for Attendance: Grant Kick-offReturn Time: 7:00pm

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

Employee Name: Janet QueternousEmployee Name: Kim HayesEmployee Name: Cortney Hines

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?

ESTIMATED EXPENSES:Substitute Needed: YES ☒ NO ☐Registration Fee: \$ 0 YES ☒ NO ☐Use of Board Vehicle: YES ☒ NO ☐Use of Personal Vehicle: YES ☒ NO ☐Mileage \$ 0 YES ☒ NO ☐Hotel/Lodging (amount per night) \$ 0 How many nights 1Meals \$ 0 How many days 1Car Rental (amount per day) \$ 0 How many days 1Air Fair \$ 0 How many days 1**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