

Professional Meeting and/or Travel Request Form

Today's Date:
7/2/2018

Employee Name: Pamela Garrett

School/Work Location: BOE

Location of Conference/Workshop: Lexington, Out of District Yes
City, State Location of Conference/Workshop:

Out of State No
(Requires Board Approval)

Conference/Workshop Date(s): 8/28-29-30/18

Departure Time: 8/27/2018 Return Time: 8/30/2018

Conference/Workshop Name: Special Ed Legal Update

Rationale for Attendance: To keep abreast of the legal aspects of special education

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

No

WILL YOU BE PARTICIPATING AS A CONSULTANT?

No

HOW WILL YOU SHARE INFORMATION GAINED WITH COLLEAGUES?

No

ESTIMATED EXPENSES:

Substitute Needed:

NO

No. of Days

Registration Fee: \$ 550.00

Method of

Payment:

Method of

Use of Board Vehicle: YES or NO

Payment:

Method of Payment:

Use of Personal Vehicle: YES or NO

Method of Payment:

Mileage

No. of Miles

Hotel/Lodging (amount per night) \$139.007/

How many nights 3

Meals \$

Car Rental (amount per day) \$

How many days

Method of Payment:

Air Fair \$

Method of Payment:

Method of Payment:

ADDITIONAL INSTRUCTIONS:

Method of Payment:

* Itemized receipts are required for all expenditures. Receipts for expenses must come from the place of business making the charge.

Signature of Applicant *Pamela Garrett* Signed Electronically 7/2/2018

Signature of Principal/Supervisor _____

Date 7/2/2018

Signature of Superintendent/Designee (If Necessary) _____

Date _____

Review/Revised:7/11/2016