

Professional Meeting and/or Travel Request Form

Employee Name: **Mary Dunning**
School/Work Location: **Livingston County School District**
Location of Conference/Workshop: Out of District
City, State Location of Conference/Workshop: **Richmond, KY**
Conference/Workshop Date(s): **July 11-13, 2018**
Conference/Workshop Name: **21st CCLC Level 1 Training**
Rationale for Attendance: **21st CCLC**

Today's Date: **June 26, 2018**

Out of State
(Requires Board Approval)
Departure Time: **TBD**

Return Time: **TBD**

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

Employee Name: **Malinda Jones**
Employee Name: **Jessica Smith**
Employee Name:
Employee Name:

Location/Position: **LCHS/Project PASS Site Coordinator**
Location/Position: **LCMS/Opportunity Zone Site Coordinator**
Location/Position:
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? **Train-the-trainer**

ESTIMATED EXPENSES:

Substitute Needed: YES or NO No. of Days
Registration Fee: \$ 0.00
Use of Board Vehicle: YES or NO
Use of Personal Vehicle: YES or NO
Mileage \$266.50 No. of Miles 650
Hotel/Lodging (amount per night) \$ 700 How many nights 2
Meals \$ 315
Car Rental (amount per day) \$ How many days
Air Fair \$

Method of Payment:
Method of Payment:
Method of Payment: **21st CCLC Grant Funds**
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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 Mary Dunning

Date June 26, 2018

Signature of Principal/Supervisor _____

Date _____

Signature of Superintendent/Designee (If Necessary) _____

Date _____

Review/Revised:7/11/2016