Professional Meeting and/or Travel Request Form

Employee Name: _Nina Rose_

School/Work Location: _LCHS_

Location of Conference/Workshop: (Out of District)

Today's Date: _7/12/18_

City, State Location of Conference/Workshop: _Louisville, Ky_

Conference/Workshop Date(s): _7/25-27/18_

Conference/Workshop Name: _annual Leadership Institute_

Rationale for Attendance: _Educational Leadership_

Out of State (Requires Board Approval)

Departure Time: _12 noon_   Return Time: _7/27 PM_

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

Employee Name: _Stephanie Wood_ Location/Position: _admin_

Employee Name: _Jonathan Hart_   Location/Position: _admin_

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)   No

WILL YOU BE PARTICIPATING AS A CONSULTANT?   Yes   (No)

HOW WILL YOU SHARE INFORMATION GAINED WITH COLLEAGUES? _Professional dialogue & leadership_

ESTIMATED EXPENSES:

Substitute Needed: YES or (NO)   No. of Days

Registration Fee: $ _469.00_   Method of Payment: _N/A_

Use of Board Vehicle: YES or (NO)   Method of Payment: _Credit card_

Use of Personal Vehicle: (YES) or NO   Method of Payment: _N/A_

Mileage $ _____   No. of Miles _454_   Method of Payment: _reimbursed_

Hotel/Lodging (amount per night) $ _100.18_ How many nights   Method of Payment: _Credit Card_
10 + 15 + D / B + D _____
Meals $ _45/day = $135_   3 How many days   Method of Payment: _reimbursement_

Car Rental (amount per day) $ _____   Method of Payment: _N/A_

Air Fair $ _____   Method of Payment: _N/A_

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 _Nina Rose_   Date _7/12/18_

Signature of Principal/Supervisor _Stephanie Wood_   Date _7/12/18_

Signature of Superintendent/Designee (If Necessary) _____   Date _____