PERSONNEL

Professional Meeting and/or Travel Request Form

Employee Name: Mary Dunning	Today's Date: July 16, 2018
School/Work Location: Livingston County Schools Location of Conference/Workshop: TBD City, State Location of Conference/Workshop: Paducah, KY Conference/Workshop Date(s): July 31, 2018 Conference/Workshop Name: 2018 KASBO Regional Training Rationale for Attendance: Finance	Out of State (Requires Board Approval) Departure Time: 8 AM Return Time: 3:30 PM
Other District Employees Attending Conference/Workshop (Please list name, school/work location and posit	tion)
Employee Name: Jill Duncan	Location/Position: Livingston County Schools/Accounting Supervisor
Employee Name: Employee Name:	Location/Position: 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? WILL YOU BE PARTICIPATING AS A CONSULTANT?	Yes No Yes No
HOW WILL YOU SHARE INFORMATION GAINED WITH COLLEAGUES? Train-the-trainer	
ESTIMATED EXPENSES:	
Substitute Needed: YES or NO No. of Days	Method of Payment:
Registration Fee: \$ 200.00	Method of Payment: 0011080 0338
Use of Board Vehicle: YES or NO Use of Personal Vehicle: YES or NO	Method of Payment: Method of Payment: 0011080 0581
Mileage \$ 22.00 No. of Miles	-
Hotel/Lodging (amount per night) \$ How many nights	Method of Payment:
Meals \$	Method of Payment:
Car Rental (amount per day) \$ How many days	Method of Payment:
Air Fair \$ ADDITIONAL INSTRUCTIONS:	Method of Payment:
* Itemized receipts are required for all expenditures. Receipts for expenses must come from the pla	ace of business making the charge.
Mach	
Signature of Applicant	Date7/16/2018
Signature of Principal/Supervisor	Date
Signature of Superintendent/Designee (If Necessary)	7/16/2018
	Review/Revised:7/11/2016