PERSONNEL 03.125 AP.21

## **Professional Meeting and/or Travel Request Form**

Employee Name: Malinda Jones	Today's Date: July 17, 2018
School/Work Location: Livingston Central High School Location of Conference/Workshop: EKU City, State Location of Conference/Workshop: Richmond, KY Conference/Workshop Date(s): August 6, 2018 Conference/Workshop Name: Cayen Training Rationale for Attendance: 21st CCLC	Out of State (Requires Board Approval) Departure Time: TBD Return Time: TBD
Other District Employees Attending Conference/Workshop (Please list name, school/work location Employee Name: Jessie Smith Employee Name: Employee Name: Employee Name: 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? Train-the-train ESTIMATED EXPENSES:	Location/Position: Location/Position: Location/Position: Location/Position: Yes No  Yes Yes No No
Substitute Needed: YES or NO No. of Days Registration Fee: \$ Use of Board Vehicle: YES or NO Use of Personal Vehicle: YES or NO Mileage \$ 525 No. of Days No. of Days No. of Days No. of Days	Method of Payment: 21st CCLC Grant Funds of Miles 1200 (2 vehicles)
Hotel/Lodging (amount per night) \$ 300 How many nights 1 (2 rooms)	Method of Payment: 21st CCLC Grant Funds
Meals \$ 70	Method of Payment: 21st CCLC Grant Funds
Car Rental (amount per day) \$ How many days	Method of Payment:
Air Fair \$  ADDITIONAL INSTRUCTIONS:  * Itemized receipts are required for all expenditures. Receipts for expenses must come from the second s	Method of Payment: om the place of business making the charge.
Signature of Applicant Malinda Jones	Date7/17/2018
Signature of Principal/Supervisor	Date7/17/2018
Signature of Superintendent/Designee (If Necessary)	Date
	Review/Revised:7/11/201