

Professional Meeting and/or Travel Request FormEmployee Name: Jonathan HartToday's Date: 7/9/18School/Work Location: NLESLocation of Conference/Workshop: Westville, KY Out of District(Requires Board Approval)
Out of StateCity, State Location of Conference/Workshop: Louisville, KYConference/Workshop Date(s): July 25-27, 2018Departure Time: 1/25/18Return Time: 7/27/18Conference/Workshop Name: KASARationale for Attendance: Pursue networking opportunities and seek ways to better lead NLES and become effective.7:00 AM5:00 PM

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

Employee Name:
Employee Name:
Employee Name:
Employee Name:Location/Position:
Location/Position:
Location/Position:
Location/Position:

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?

I will ~~try~~ gain new ideas and share with the teachers to maximize the potential of this school and continue to lead it forward.**ESTIMATED EXPENSES:**Substitute Needed: YES or NO No. of DaysRegistration Fee: \$ 349.00Use of Board Vehicle: YES or NOUse of Personal Vehicle: YES or NOMileage \$ 138 No. of Miles 150 milesHotel/Lodging (amount per night) \$ 138 How many nights 2Meals \$ includedCar Rental (amount per day) \$ 41.00 How many daysAir Fair \$ N/AMethod of Payment: District credit card
Method of Payment:
Method of Payment:
Method of Payment:**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 Jonathan HartDate 7/9/18

Signature of Principal/Supervisor

Date

Signature of Superintendent/Designee (If Necessary)

Date

Review/Revised: 7/11/2016