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Review/Revised:7/11/2016		
Date		signature of Superintendent/Designee (If Necessary)
Date 8-1 -18		signature of Principal/Supervisor Boly fox
Date 8-1-18		signature of Applicant & own for
171	rom the place of business making the charge.	* Itemized receipts are required for all expenditures. Receipts for expenses must come from the place of
		Air Fair \$
	Method of Payment: FB() Method of Payment:	Meals \$ Car Rental (amount per day) \$ How many days
~~	Method of Payment: PBIS	
		S
	Method of Payment: PBS	Use of Board Vehicle: Use of Personal Vehicle: VES or NO
	of Payment:	\$
ς.	Method of Payment: PB 15	ESTIMATED EXPENSES: Substitute Needed: YESor NO No. of Days 2.5
	75, PLC'S	HOW WILL YOU SHARE INFORMATION GAINED WITH COLLEAGUES? Faculty Meetings, PLC'S
8) N	Yes	ARE YOU REQUESTING INSTRUCTIONAL LEADERSHIP CREDIT? WILL YOU BE PARTICIPATING AS A CONSULTANT?
	Yes	ARE YOU REQUESTING PROFESSIONAL DEVELOPMENT CREDIT? Tredit must be approved by the SBDM and/or Professional Development Coordinator
)	Location/Position:	Employee Name:
ms/ Principal	Location/Position: 46	Employee Name: 182657 Loc
Location/Position: Ums/ Special Education	on and position) Location/Position: \mathcal{L}	Dther District Employees Attending Conference/Workshop (Please list name, school/work location and position) Employee Name: ブルられん かんらげ
		Rationale for Attendance: Fulfill grant requirement
6 Return Time: 3.30 10-5	(Requires Board Approval) Departure Time: //:00 /0-3	City, State Location of Conference/Workshop: Chi cage, IL/Marie H Conference/Workshop Date(s): October 3-5
	Out of State	School/Work Location: (Chicago Out of District)
Today's Date: $8 - / - / 8$		Employee Name: 15069 Low
	ravel Kequest Form	C