Professional Meeting and/or Travel Request Form

Employee Name: Teri Walker/Michele Powell

Today's Date:

School/Work Location:

Location of Conference/Workshop: (Out of District) Out of State (Requires Board Approval)

City, State Location of Conference/Workshop: Galt House - Louisville

Conference/Workshop Date(s): Sept 19-22

Departure Time: 9/19 noon

Return Time: 9/22 5pm

Conference/Workshop Name: KLA/KASL Conference

Rationale for Attendance: To enable Librarians (Michele & Teri) to receive continuing education, build professional networks, and discover new techniques and services for use & sharing.

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

Employee Name: Michele Powell — Location/Position: NLES/LCMS Librarian

Employee Name: — Location/Position:

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?

Through PLC's, emails, conferencing

ESTIMATED EXPENSES:

Substitute Needed: (YES) or NO No. of Days 2 1/2

Registration Fee: $ $260 — Method of Payment:

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

Use of Personal Vehicle: YES or NO — Method of Payment: } Striving Readers Grant

Mileage $ No. of Miles — Method of Payment:

Hotel/Lodging (amount per night) $ How many nights 3 nights $630.26 — Method of Payment:

Meals $ 30 a day x 6.66 = $200.22 — Method of Payment:

Car Rental (amount per day) $ How many days — Method of Payment:

Air Fair $ N/A — 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 Teri Walker Date 8-14-18

Signature of Principal/Supervisor [redacted] Date 8-15-18

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

Review/Revised:7/11/2016