Professional Meeting and/or Travel Request Form

Employee Name: Jonathan Hart Today's Date: 8/27/18

School/Work Location: NLES

Location of Conference/Workshop: (Out of District) Out of State

City, State Location of Conference/Workshop: Murray, KY @ CFSB Center (Requires Board Approval)

Conference/Workshop Date(s): Aug. 28, 18 Departure Time: 8:00 am Return Time: 1:30 pm

Conference/Workshop Name: ECERS Training

Rationale for Attendance: To further gain understanding of the preschool eval. process

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

Employee Name:	Location/Position:
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?

ESTIMATED EXPENSES:

Substitute Needed:	YES or (NO)	No. of Days	Method of Payment:
Registration Fee:	$ N/A		Method of Payment:
Use of Board Vehicle:		YES or (NO)	Method of Payment:
Use of Personal Vehicle:		(YES) or NO	Method of Payment:
Mileage	$	No. of Miles	
Hotel/Lodging (amount per night)	$ N/A	How many nights	Method of Payment:
Meals	$ N/A		Method of Payment:
Car Rental (amount per day)	$ N/A	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 Jonathan Hart Date 8/27/18

Signature of Principal/Supervisor _____ Date _____

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

Review/Revised:7/11/2016