

Professional Meeting and/or Travel Request FormToday's Date: 8/15/18Employee Name: Ami RangeSchool/Work Location: Central Office

Location of Conference/Workshop:

City, State Location of Conference/Workshop:

Conference/Workshop Date(s):

Conference/Workshop Name:

Rationale for Attendance: Travel for home visits relative to enrollment, attendance, etc for 2018-2019 school year

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

Employee Name: Nora Cherny, Kristy NelsonEmployee Name: Kris Simmons, Ashley RuppelleEmployee Name: Greg Wilson, Greg MayersEmployee Name: Stephane Hanson, Michael Ritchie, Michi VondraARE 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?

ESTIMATED EXPENSES:Substitute Needed: YES or NO No. of Days

Registration Fee: \$

Use of Board Vehicle: YES or NO YES or NO

Use of Personal Vehicle: YES or NO

Mileage \$ No. of Miles

Hotel/Lodging (amount per night) \$ How many nights

Meals \$

Car Rental (amount per day) \$ How many days

Air Fair \$

Method of Payment:

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 Ami Range

Signature of Principal/Supervisor

Signature of Superintendent/Designee (If Necessary)

Review/Revised: 7/1/2016

PERSONNEL

03.125 AP.21

Professional Meeting and/or Travel Request FormEmployee Name: Amu Range
School/Work Location: Central OfficeToday's Date: 8/21/18Location of Conference/Workshop: Lexington, KY Out of District ☒

(Requires Board Approval)

City, State Location of Conference/Workshop: Lexington, KYDeparture Time: ~ 7:00 am Return Time: ~ 3:00 pmConference/Workshop Date(s): 9/12-9/14
Conference/Workshop Name: Kentucky Directors of Pupil Personnel - Bangor Daylong HereRationale for Attendance: Other resources I stay current on best practicesOther District Employees Attending Conference/Workshop (Please list name, school/work location and position) N/A

Employee Name:

Employee Name:

Employee Name:

Employee Name:

Location/Position:

Location/Position:

Location/Position:

Location/Position:

Yes

☒ Yes☒ NoARE YOU REQUESTING PROFESSIONAL DEVELOPMENT CREDIT?
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ARE YOU REQUESTING INSTRUCTIONAL LEADERSHIP CREDIT?

WILL YOU BE PARTICIPATING AS A CONSULTANT?

HOW WILL YOU SHARE INFORMATION GAINED WITH COLLEAGUES?

Information will be disseminated during PL time.

ESTIMATED EXPENSES:

Substitute Needed:

Registration Fee:

Use of Board Vehicle:

Use of Personal Vehicle:

Mileage

Hotel/Lodging (amount per night)

Meals

Car Rental (amount per day)

Air Fair

YES or ☒ NO No. of Days\$ 245.00YES or ☒ NO

YES or NO

\$ 211.56\$ 150.00 How many nights 2\$ 30\$ N/A How many days\$ N/ANo. of Miles 492Method of Payment: PO 2019-67/Credit Card DPP TravelMethod of Payment: Credit Card/DPP TravelMethod 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

Date 8/21/18

Signature of Principal/Supervisor

Date

Signature of Superintendent/Designee (If Necessary)

Date

Review/Revised: 7/11/2016