Professional Meeting and/or Travel Request Form Today's Date:

8-15-18 P-15-18 Review/Revised:7/11/2016	Date $8 - 15 - 18$ Date $5 - 15 - 18$ Pate Review/Revised:7			Signature of Applicant Signature of Principal/Supervisor Signature of Superintendent/Designee/Hf Necessary)
	the charge.	Method of Payment:	How many nights How many days How many fays	Hotel/Lodging (amount per night) \$ How many nights Method of Payment: Meals \$ Method of Payment: Car Rental (amount per day) \$ How many days Method of Payment: Air Fair \$ 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.
		Method of Payment:	YES or NO No. of Days YES or NO YES or NO No. of Miles	ESTIMATED EXPENSES: Substitute Needed: Registration Fee: Use of Board Vehicle: Use of Personal Vehicle: Mileage
	No No	ocation and position) Location/Position: Location/Position: Location/Position: Location/Position: Yes Yes Yes	orkshop (Please list name, school/work) MENT CREDIT? al Development Coordinator SHIP CREDIT? I? ITH COLLEAGUES?	Other District Employees Attending Conference/Workshop (Please list name, school/work location and position) Employee Name: Employee Name: Employee Name: Employee Name: Employee Name: Employee Name: Credit must be approved by the SBDM and/or Professional Development Coordinator ARE YOU REQUESTING INSTRUCTIONAL LEADERSHIP CREDIT? ARE YOU BE PARTICIPATING AS A CONSULTANT? HOW WILL YOU SHARE INFORMATION GAINED WITH COLLEAGUES?
School	Today's Date: 2018-2619 School Return Time:	Out of State (Requires Board Approval) Departure Time:	As ducation: In District Out of District ference/Workshop: Home Hospital Mileage &	Employee Name: Kris Simmons School/Work Location: Board of Education Location of Conference/Workshop: In District City, State Location of Conference/Workshop: Conference/Workshop Date(s): Home Hospital Mileas Conference/Workshop Name: Rationale for Attendance: