

PERSONNEL

03.125 AP.21

**Professional Meeting and/or Travel Request Form**

Employee Name: Kris Simmons

Today's Date:

School/Work Location: Board of Education

Location of Conference/Workshop: In District Out of District

City, State Location of Conference/Workshop:

Conference/Workshop Date(s): Home Hospital Mileage & Trips

Conference/Workshop Name:

Rationale for Attendance:

Out of State  
(Requires Board Approval)  
Departure Time:

2015-2019 School year  
Return Time:

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

Employee Name:

Employee Name:

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**ESTIMATED EXPENSES:**

	YES or NO	No. of Days		Method of Payment:
Substitute Needed:				Method of Payment:
Registration Fee: \$				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		Method of Payment:
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.

Signature of Applicant

Kris Simmons

Date 8-15-18

Signature of Principal/Supervisor

[Signature]

Date 8-15-18

Signature of Superintendent/Designee (if Necessary)

[Signature]

Date \_\_\_\_\_

Review/Revised: 7/11/2016