

**Professional Meeting and/or Travel Request Form**Employee Name: **Victor Zimmerman**

Today's Date: 08/29/18

School/Work Location: **Board office**Location of Conference/Workshop: **Barren County**☐ Out of DistrictCity, State Location of Conference/Workshop: **Glasgow, KY**Out of State  
(Requires Board Approval)Conference/Workshop Date(s): **October 29 & 30, 2018**

Departure Time:

Return Time:

Conference/Workshop Name: **KY ILN**Rationale for Attendance: **Innovative Learning Networking**

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: \$

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)

\$150

How many nights 1

Method of Payment:

Meals \$ 50

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\_\_\_\_\_

Date\_\_\_\_\_

Signature of Principal/Supervisor\_\_\_\_\_

Date\_\_\_\_\_

Signature of Superintendent/Designee (If Necessary)\_\_\_\_\_

Date\_\_\_\_\_

Review/Revised:7/11/2016