Professional Meeting and/or Travel Request Form

Employee Name: Stephanie Wood
School/Work Location: LCHS
Today's Date: 8/28/18

Location of Conference/Workshop: Out of District / Out of State
(Requires Board Approval)
City, State Location of Conference/Workshop: Lexington, KY
Conference/Workshop Date(s): 8/24-8/26
Departure Time: 12PM Return Time: 8 PM
Conference/Workshop Name: KASC
Rationale for Attendance: Knowledge of SBDM duties and responsibilities

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? Share with SBDM during monthly meetings.

ESTIMATED EXPENSES:

Substitute Needed: YES or NO No. of Days 2.5 Method of Payment: SIG
Registration Fee: $150 Method of Payment: Credit Card (SIG)
Use of Board Vehicle: YES or NO Method of Payment:
Use of Personal Vehicle: YES or NO Method of Payment:
Mileage $ No. of Miles 500
Hotel/Lodging (amount per night) $ 250 How many nights 2 Method of Payment: Credit Card (SIG)
Meals $ Method of Payment: Credit Card (SIG)
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 Stephanie Wood Date 8/28/18

Signature of Principal/Supervisor _____ Date _____