

Professional Meeting and/or Travel Request Form

Employee Name: Pam Garrett

Today's Date: 8/6/2018

School/Work Location: BOE

Location of Conference/Workshop: Lexington, Out of District Yes

Out of State No

City, State Location of Conference/Workshop:

(Requires Board Approval)

Conference/Workshop Date(s): 09/18/2018, 9/19/2018

Departure Time:

Return Time:

Conference/Workshop Name: Section 504 Training

Rationale for Attendance: New 504 employees

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

Employee Name: Alecia Walker

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 X

No

WILL YOU BE PARTICIPATING AS A CONSULTANT?

Yes

No X

HOW WILL YOU SHARE INFORMATION GAINED WITH COLLEAGUES? In meetings, potential training.

ESTIMATED EXPENSES:

Substitute Needed: NO No. of Days

Registration Fee: \$ 450.00

Use of Board Vehicle: YES

Use of Personal Vehicle: YES

Mileage \$ No. of Miles

Hotel/Lodging (amount per night) 238.00 \$ How many nights 2

Meals \$

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

Air Fair \$

Method of Payment:

Method of Payment:

Method of Payment:

Method of Payment:

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 Pamela GarrettDate 8/6/2018

Signature of Principal/Supervisor _____

Date _____

Signature of Superintendent/Designee (If Necessary) _____

Date _____

Review/Revised: 7/11/2016