

PERSONNEL

03.125 AP.21

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

Employee Name: **Daniel Murphy**  
School/Work Location: LCHS

Today's Date: 8/10/18

Location of Conference/Workshop: Madisonville NH HS

Out of District  
YES

City, State Location of Conference/Workshop: Madisonville KY

Conference/Workshop Date(s): 8/15/18

Out of State  
(Requires Board Approval)  
Departure Time: 7:00AM

Conference/Workshop Name: 2<sup>nd</sup> Region AD/Policy Board Meeting

Rationale for Attendance:

Return Time: 4:00PM

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?

HOW WILL YOU SHARE INFORMATION GAINED WITH COLLEAGUES? Share info with coaches through email

**ESTIMATED EXPENSES:**

YES

or

Substitute Needed: NO

No. of Days

Method of Payment:

Registration Fee: \$

YES or NO

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) \$

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 Daniel G. Murphy

Date 8/10/18

Signature of Principal/Supervisor



Signature of Superintendent/Designee (If Necessary)

\_\_\_\_\_

Date 8-13-18

Date

\_\_\_\_\_

Review/Revised: 7/11/2016

PERSONNEL

03.125 AP.21

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

Employee Name: **Daniel Murphy**  
School/Work Location: LCHS

Today's Date: 8/10/18

Location of Conference/Workshop: Owensboro HS	Out of District YES	Out of State (Requires Board Approval)
City, State Location of Conference/Workshop: Owensboro KY		Departure Time: 6:00AM
Conference/Workshop Date(s): 8/16/18		Return Time: 4:00PM
Conference/Workshop Name: KHSAA Regional Meeting		
Rationale for Attendance:		

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?  
Credit must be approved by the SBDM and/or Professional Development Coordinator  
YES Yes No  
ARE YOU REQUESTING INSTRUCTIONAL LEADERSHIP CREDIT?  
YES Yes No  
WILL YOU BE PARTICIPATING AS A CONSULTANT?  
YES Yes No  
HOW WILL YOU SHARE INFORMATION GAINED WITH COLLEAGUES? Share info with coaches through email  
YES Yes No

**ESTIMATED EXPENSES:**

Substitute Needed:	YES	NO	or	No. of Days	Method of Payment:
Registration Fee: \$					Method of Payment:
Use of Board Vehicle:				YES or <u>NO</u>	Method of Payment:
Use of Personal Vehicle:				<u>YES</u> 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 David G. Murphy Date 8/10/18

Signature of Principal/Supervisor Stephanie Good  
Signature of Superintendent/Designee (If Necessary) \_\_\_\_\_

Date 8-13-18  
Date \_\_\_\_\_  
Review/Revised: 7/1/2016