

Professional Meeting and/or Travel Request FormEmployee Name: **Mary Dunning**Today's Date: **9/10/2018**School/Work Location: **BOE**Location of Conference/Workshop: **Lyon Co. Lib.** Out of DistrictCity, State Location of Conference/Workshop: **Eddyville, KY**Conference/Workshop Date(s): **Monthly**Conference/Workshop Name: **Food Service Co-op Meetings**Rationale for Attendance: **Food Service**Out of State
(Requires Board Approval)Departure Time: **TBD**Return Time: **TBD**

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

Employee Name:

Employee Name:

Employee Name:

Employee Name:

Location/Position:

Location/Position:

Location/Position:

Location/Position:

ARE YOU REQUESTING PROFESSIONAL DEVELOPMENT CREDIT?

Credit must be approved by the SBDM and/or Professional Development Coordinator

ARE YOU REQUESTING INSTRUCTIONAL LEADERSHIP CREDIT?

WILL YOU BE PARTICIPATING AS A CONSULTANT?

HOW WILL YOU SHARE INFORMATION GAINED WITH COLLEAGUES? **Train-the-trainer**

Yes

☐ No

Yes

☐ No

Yes

☐ No**ESTIMATED EXPENSES:**

Substitute Needed:

YES or ☒ NO No. of Days

Registration Fee: \$

Use of Board Vehicle:

YES or ☒ NO

Use of Personal Vehicle:

☒ YES or NOMileage \$ **25**No. of Miles **50**

Hotel/Lodging (amount per night)

\$

How many nights

Meals \$

Car Rental (amount per day) \$

How many days

Air Fair \$

Method of Payment:

Method of Payment:

Method of Payment:

Method of Payment: **Food Service Funds**

Method of Payment:

Method of Payment:

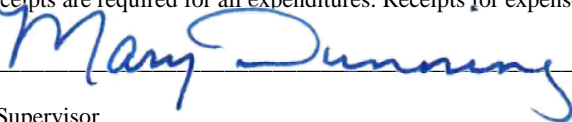
Method of Payment:

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.

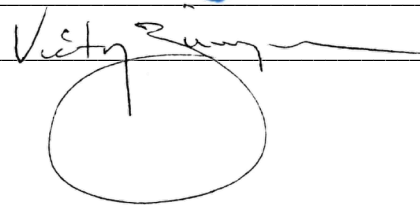
Signature of Applicant

Date **9/10/2018**

Signature of Principal/Supervisor

Date

Signature of Superintendent/Designee (If Necessary)



Date

Review/Revised: 7/11/2016