

Professional Meeting and/or Travel Request FormEmployee Name: **Mary Dunning**Today's Date: **9/10/2018**School/Work Location: **BOE**Location of Conference/Workshop: **KDE**

Out of District

City, State Location of Conference/Workshop: **Frankfort, KY**Out of State
(Requires Board Approval)Conference/Workshop Date(s): **Oct. 30-21, Dec. 11-12, Mar. 12-13**Departure Time: **TBD**Return Time: **TBD**Conference/Workshop Name: **School Financial Management Institute**Rationale for Attendance: **Finance Officer**

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

☐ NoHOW WILL YOU SHARE INFORMATION GAINED WITH COLLEAGUES? **Train-the-trainer****ESTIMATED EXPENSES:**Substitute Needed: YES or ☒ NO No. of DaysRegistration Fee: \$ **1000**

Method of Payment:

Method of Payment: **BOE**Use of Board Vehicle: YES or ☒ NO

Method of Payment:

Method of Payment: **BOE**Use of Personal Vehicle: ☒ YES or NOMileage \$ **225** No. of Miles **500**Hotel/Lodging (amount per night) \$ **250** How many nights **2**Method of Payment: **BOE**Meals \$ **70**Method of Payment: **BOE**

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 *Mary Dunning*Date **9/10/2018**

Signature of Principal/Supervisor _____

Date _____

Signature of Superintendent/Designee (If Necessary) *Victy Sun*

Date _____

Review/Revised: 7/11/2016