

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

Employee Name: **Mary Dunning**

Today's Date: **9/10/2018**

School/Work Location: **BOE**

Location of Conference/Workshop: **Galt House**  **Out of District**  
City, State Location of Conference/Workshop: **Louisville, KY**

Out of State  
(Requires Board Approval)

Conference/Workshop Date(s): **Oct. 22-24, 2018**

Departure Time: **TBD**

Return Time: **TBD**

Conference/Workshop Name: **21st CCLC Multi-state Conf.**

Rationale for Attendance: **Mandatory 21st CCLC Conference**

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?

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? **Train-the-trainer**

**ESTIMATED EXPENSES:**

Substitute Needed: YES or  **NO** No. of Days

Registration Fee: \$ **150**

Use of Board Vehicle:  **YES** or NO

Use of Personal Vehicle: YES or NO

Mileage \$ No. of Miles

Hotel/Lodging (amount per night) \$ **425** How many nights **3**

Meals \$ **150**

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

Air Fair \$

Method of Payment:

Method of Payment: **21st CCLC Grant Funds (550DJ)**

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**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 \_\_\_\_\_

Signature of Principal/Supervisor \_\_\_\_\_

Date \_\_\_\_\_

Signature of Superintendent/Designee (If Necessary) \_\_\_\_\_

Date \_\_\_\_\_

Review/Revised:7/11/2016