

Professional Meeting and/or Travel Request FormEmployee 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**Conference/Workshop Date(s): **Oct. 22-24, 2018**Conference/Workshop Name: **21st CCLC Multi-state Conf.**Rationale for Attendance: **Mandatory 21st CCLC Conference**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 DaysRegistration 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:

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