

Professional Meeting and/or Travel Request FormEmployee Name: **Victor Zimmerman**

Today's Date: 10/8/2018

School/Work Location: **Board office**Location of Conference/Workshop: **Hilton**☐ Out of DistrictCity, State Location of Conference/Workshop: **Lexington**Conference/Workshop Date(s): **Dec. 9 & 10, 2018**Conference/Workshop Name: **KASS Conference**Rationale for Attendance: **Leadership**Out of State
(Requires Board Approval)

Departure Time:

Return Time:

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?

ESTIMATED EXPENSES:

Substitute Needed:

YES or NO

No. of Days

Registration Fee: \$

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

Method of Payment:

Hotel/Lodging (amount per night)

\$150

How many nights 1

Method of Payment: Credit Card

Meals \$ 50

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 _____

Date _____

Signature of Principal/Supervisor _____

Date _____

Signature of Superintendent/Designee (If Necessary) _____

Date _____

Review/Revised: 7/11/2016