



# DANVILLE

INDEPENDENT SCHOOLS

## Professional Leave Request

Name: Katalin McChesney

Purpose of Leave/Name of Conference: Cal SIOP Trainer of Trainers Institute

Location/City of Conference: Washington, DC

Dates of Absence: March 9-13, 2020

Employee Signature: Katalin McChesney Signature Date: 2/18/2020

### ESTIMATED EXPENSES

- Registration Fee \$ 1300.00 5 \$1300
- Lodging @ \$ 140.00 per night for 4 night(s) 700.00 \$560
- Meals, with receipt attached will be reimbursed: \$200  
\*\$40 per day unless the meal is part of the conference.
- Mileage by private auto @ .41 ¢\*\* per mile \$29  
for total of 70 miles
- Substitute teacher days @ \$110 per day for NA days (plus medicare)  
\$ NA
- Miscellaneous (Parking, Tolls, Etc.) RT Air LEX-DCA \$250  
Metro/Bus/Uber 75

GRAND TOTAL OF ESTIMATED EXPENSES

\$2214  
Meals 200  
2414.00

\*Only meal costs that require an overnight stay will be reimbursed.

\*\*Mileage will be reimbursed at the current mileage reimbursement rate per mile.

Web-Site: <http://controller.ky.gov/travelinfo.htm>

### SOURCE FUNDING

- ☐ Board  
☐ School PD Funds  
☐ School Activity Funds  
☒ Other: 348F

To be completed by Supervisor/Principal

A "Travel Reimbursement Request Form" with attached receipts must be filed with the Finance Department at Central Office for reimbursement of actual expenses.

Reimbursements are not paid based on this form.

You must turn in a "Travel Reimbursement Request Form".

Receipts required for expenditures over \$2.00.

Reference: Policy 03.125;03.225

"Equal Opportunity School System"

Form Revised 1/2019

### APPROVAL

Principal: Tammy McDonald Date: \_\_\_\_\_

Program Supervisor: David R. Davis Date: 2/18/2020

Superintendent: Dr. Tammy McDonald Date: 2/18/2020

To be signed by Administrators