

Attendance at Professional Meetings

Travel Request

Name: _____ Date received by county _____

School: _____

Title of Conference/Workshop/Meeting: _____

Date(s): _____

Location: _____

Requesting: (Check appropriate areas)

_____ Time

_____ *Estimated expenses _____ lodging _____ mileage _____ registration

_____ Substitutes (number of days)

_____ Other (define)

*Receipts required for lodging, registration, parking and toll fare

*Mileage rate: 48.54 per mile

Prin. Initials

Funding Source: _____ Pre-Approved by: _____
(Title I, Title II, Staff Development, Special Education, Vocational, Other-specify)

Prin. Initials

Indicate the Schools Strategic Plan Goal that this staff development activity addresses.
Also include what new information will be acquired.

Prin. Initials

Follow-Up Activity

It is understood that those who attend professional meetings will share information with colleagues upon their return from the workshop, meeting or conference.

Please complete the following regarding the follow-up activity:

Target Audience: _____ Time (hr. min.) _____

Date: (approximate) _____ Location: _____

Prin. Initials

SUBMIT AGENDA, SIGN-IN, EVALUATION, AND MATERIALS AT THE CONCLUSION OF YOUR SESSION TO WAYNE SIMMS.

REQUEST MUST BE SUBMITTED ON-LINE BY THE PRINCIPAL TO THE APPROPRIATE COUNTY OFFICE ADMINISTRATOR BY NOON ON TUESDAY PRIOR TO THE NEXT BOARD MEETING.

Submitted by: _____
Teacher

Approved : _____
Principal

NOTE: This form is to be completely filled out or will be returned without approval

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The Marshall County Board of Education met on _____

This request was _____ Approved _____ Denied

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