

# Attendance at Professional Meetings

Travel Request

\_\_\_\_\_  
Date received by county

Name: \_\_\_\_\_ School: \_\_\_\_\_

Title of Conference/Workshop/Meeting: \_\_\_\_\_

Date(s): \_\_\_\_\_ Location: \_\_\_\_\_

Requesting: (Check appropriate areas)

\_\_\_\_\_ Time

\_\_\_\_\_ \*Estimated expenses \_\_\_\_\_ lodging \_\_\_\_\_ mileage \_\_\_\_\_ registration

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

\_\_\_\_\_ Number of days for Substitute

\_\_\_\_\_ Other (define)

Funding Source: \_\_\_\_\_ Pre-Approved by: \_\_\_\_\_

(Title I, Title II, Staff Development, Special Education, Vocational, Other-specify)

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

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## 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: \_\_\_\_\_

**SUBMIT AGENDA, SIGN-IN, EVALUATION, AND MATERIALS AT THE CONCLUSION OF YOUR SESSION TO THE APPROPRIATE ADMINISTRATOR.**

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

Submitted by: \_\_\_\_\_ Approved by: \_\_\_\_\_  
Teacher Principal

Approved by: \_\_\_\_\_  
Administrator

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