

GARRETT COUNTY PUBLIC SCHOOLS -- PROFESSIONAL LEAVE AND TRAVEL APPROVAL FORM (Revised 03/29/2017)

To: Karen DeVore Date: 12/19/2019

From: Ryan Wolf

Principal or Immediate Supervisor: Support Request Non Support Initial: Kkd

Please attach announcement and schedule of meeting to this form.

On reverse side, briefly note how this meeting will benefit the School Improvement Program. (as appropriate)

Title of Meeting:	Maryland Association of Environmental & Outdoor Education Conference
Meeting Place:	Ocean City, Maryland
Dates and Starting Time:	February 6 – 8, 2020 (9:00 AM – 4:30 PM)
Meeting Initiated by/Leader:	MAEOE
Purpose of Meeting:	Provide our Green Center (HEEC) with appropriate training and guidance to provide support for our GCPS Green Schools program
Departure Time and Date:	Wednesday, February 5, 2020 at 3:00 PM
Return Time and Date:	Saturday, February 8, 2020 (10:00 PM)

NOTES	
SUBJECT TO BOARD APPROVAL	
___YES	___NO
Approval Signature _____	Date _____
Comments	

STAFF TO ATTEND: Please list name and base school of staff planning to attend.

1. Rebecca Kenyon-Sisler		
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REQUESTED REIMBURSABLE EXPENSES: Please check where appropriate and designate FUNDING SOURCE

Substitute's Salary: how many <input type="checkbox"/> days	Funding Source:
Stipends <input type="checkbox"/> days	Funding Source:
Car Rental <input type="checkbox"/> (Use of Durango from SH)	Funding Source:
Personal Vehicle: Reason	
<input checked="" type="checkbox"/> Mileage: <input type="checkbox"/> no Gas Reimbursement: <input checked="" type="checkbox"/> I cars	Funding Source: 01-2050900-271-3512-26-0000-240819 ^{Kkd}
<input checked="" type="checkbox"/> Travel Expenses (meals, parking, etc.):	Funding Source: 01-2050900-271-3512-26-0000-240823 ^{Kkd}
<input checked="" type="checkbox"/> Overnight Accommodations: Princess Royale Hotel, 9100 Coastal Highway, Ocean City, MD 21842 Name and Location of Hotel: Telephone Number: 410-524-7777 Approximately Cost/night: \$89	Funding Source: 01-2050900-271-3512-26-0000-240823 ^{Lkd}
<input checked="" type="checkbox"/> Other: Registration \$440	Funding Source: 01-2050900-271-3512-26-0000-240812 ^{Kkd}

Approval Disapproval SIGNATURE: Karen Kamauff DeVore Date: 12/19/2019

Policy DKCA (Attachment C) (This form **must be attached to** Mileage Reimbursement Request Form and Incidental Expenses Request for Reimbursement Form.)

12/19/2019 02:19:54 pm Document created

I, Glenna Whetsell, hereby certify that all of the data I have entered above is accurate and complete to the best of my knowledge.

12/19/2019 03:22:26 pm Document filled out

I, Karen DeVore, hereby certify that all of the data I have entered above is accurate and complete to the best of my knowledge.

12/19/2019 03:22:26 pm Final email sent

Sent to glenna.whetsell@garrettcountyschools.org, jason.shank@garrettcountyschools.org, karen.devore@garrettcountyschools.org, rebecca.kenyon@garrettcountyschools.org, ryan.wolf@garrettcountyschools.org, sharon.hoover@garrettcountyschools.org