

GARRETT COUNTY PUBLIC SCHOOLS -- PROFESSIONAL LEAVE AND TRAVEL APPROVAL FORM (Revised 09/08/14)

To: Penny Proudfoot, Director Elementary Ed Date: August 14, 2017

From: Jason Shank, HEEC 17-0528

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

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)

RECEIVED
AUG 14 2017

NOTES
Board Approval
 YES NO
Proudfoot/Greene
Shank/Hoover

| | |
|------------------------------|--|
| Title of Meeting: | Pleiades National Planetarium Conference |
| Meeting Place: | St. Louis, MO |
| Dates and Starting Time: | Oct. 10-14, 2017 |
| Meeting Initiated by/Leader: | Jason Shank |
| Purpose of Meeting: | Planetarium Info/Resources |
| Departure Time and Date: | Oct. 10 AM |
| Return Time and Date: | Oct. 14 PM |

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

| | | |
|-------------------------|--|--|
| 1. Jason Shank, AP HEEC | | |
| 2. | | |

REQUESTED REIMBURSABLE EXPENSES: Please check where appropriate and designate FUNDING SOURCE

| | |
|---|---|
| Substitute's Salary: how many x day | Funding Source: |
| Stipends x days | Funding Source: |
| Car Rental | Funding Source: |
| <input checked="" type="checkbox"/> Personal Vehicle: To drive to airport | |
| <input checked="" type="checkbox"/> Mileage: Gas Reimbursement: | Funding Source: 01-2050100-220-4022-02-0000-240819 PRP 08/15/17 |
| <input checked="" type="checkbox"/> Travel Expenses (meals, parking, airline ticket, etc.): | Funding Source: 01-2050100-220-4022-02-0000-240823 PRP 08/15/17 |
| <input checked="" type="checkbox"/> Overnight Accommodations: Oct. 10, 11, 12, 13 The Renaissance St. Louis Airport Hotel 9801 Natural Bridge Rd. St. Louis, MO 63134 314-429-1100 | Funding Source: 01-2050100-220-4022-02-0000-240823 PRP 08/15/17 |
| <input checked="" type="checkbox"/> Other: Registration/Member \$225 | Funding Source: 01-2050100-220-4022-02-0000-240812 PRP 08/15/17 |

Approval Disapproval SIGNATURE: Karen Kamauff DeVore Date: 08/15/2017

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