Marshall County Schools



Attendance at Professional Meetings

Travel Request	Date received by county
Name:	School:
Title of Conference/Workshop/Meeting:	
Date(s):	Location:
Requesting: (Check appropriate areas) Stipend *Estimated expenses *Estimated expenses Number of days for Substitute Other (define) Funding Source: (Title I, Title II, Staff Development, Special	tion, parking and toll fare Pre-Approved by:
The second se	taff development activity addresses. Also include what new information
Indicate the Schools Strategic Plan Goal that this st will be required.	Follow-Up Activity meetings will share information with colleagues upon their return from
Indicate the Schools Strategic Plan Goal that this st will be required. t is understood that those who attend professional the workshop, meeting or conference. Please comp	Follow-Up Activity meetings will share information with colleagues upon their return from plete the following regarding the follow-up activity:
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