

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

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)

Funding Source code: \_\_\_\_\_ (office use only)

**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 WEDNESDAY PRIOR TO THE NEXT BOARD MEETING.**

Submitted by: \_\_\_\_\_  
Teacher

Approved by: \_\_\_\_\_  
Principal

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

**NOTE:** This form was updated on Nov. 11, 2023 and is to be completely filled out or will be returned without approval.