

# Professional Development Exchanges Form

Your State:

Your Name:

Your Email Address:

## Exchange Information

If more than one person is attending the same event, please submit a separate request for each.

Traveler's Name:

Traveler's Email Address:

Dates of Exchange:

Amount of Exchange:

- \$500
- \$1,000
- Other

Other Amount:

If amount is over \$1,000, please complete the amount. Amounts must be in increments of \$500.

Purpose of Exchange:

## Finalize Request

Comments:

Provide any clarifying comments about this request if needed (optional)

Agree to Requirements:

- This request meets all the requirements of Western Council of State Libraries' Professional Development Exchanges policy and conforms with state travel policies.

[Read the Professional Development Exchanges Policy here.](#)

Please email this completed form to [robin.westphal@sos.mo.gov](mailto:robin.westphal@sos.mo.gov)