

LITTLE EGG HARBOR TOWNSHIP SCHOOL DISTRICT
Post Travel Report

Submit with your travel requisition and other back up for reimbursement within thirty working days of the school business.

NAME: _____

DATE (S) of SCHOOL BUSINESS: _____

TITLE/TOPIC of Meeting: _____

PRESENTER: _____

Hours attended: _____

Signature: _____ Date: _____

Describe what you learned from the School Business Day and the relevance to improving instruction or the operation of the school district.

Describe how you plan to share this information with your colleagues.

Describe whether this meeting was worth your time. Would you recommend it for others?

Administrator's signature: _____ Date: _____