The Somerset Hills School District
Post Travel Report
Pursuant to Board of Education Policy #6471 School District Travel

Name _____ Today's Date_____

Date(s) of School District Travel _____

Title of Event_____

Location_____

Please complete a brief report of the conference, workshop, training, convention, seminar or other travel event within 10 days of the completion of your travel. Submit this form to your principal, director or manager for review. Principals, directors, and managers will then submit this form to the Business Office. **This form MUST be returned prior to the submission of a request for financial reimbursement.**

1. State the primary purpose for this travel:

2. Summarize (a) the key issues addressed at the event and (b) their relevance to improving the delivery of instruction or furthering the efficient operation of the school district:

3. Would you recommend this training, conference, workshop, convention, or seminar to others?

Employee's Signature _____ Date_____

Administrator's Signature _____ Date_____

Revised 12/2019

Return to: Accts Payable – Business Office