The Somerset Hills School District

Post Travel Report

Pursuant to Board of Education Policy & Regulations #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 travel event within 10 days of the completion of your travel. Submit this form to your administrator for review. Administrators will then submit the approved form to the Business Office. **This form MUST be returned prior to financial reimbursement.**

1. State the primary purpose for this travel:

2. Summarize the they key issued addressed at the event and 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:_____

Return completed form to the Business Office.