

MONITEAU SCHOOL DISTRICT

CONFERENCE REPORT

Name _____ Date _____

Building Assignment _____

Title of Conference _____

Date(s) of Conference _____

Itemize each expenditure and the amount approved for reimbursement or payment (i.e., registration, meals, travel, accommodations, etc.). **Travel Expense Reimbursement form and receipts must be submitted with this report if reimbursement is expected.**

ITEM

AMOUNT

Were substitute services required? Yes ☐ No ☐

Name(s) of substitute(s) _____

Please identify the category which best describes the nature of this conference:

Drug/Alcohol ☐
Curriculum/Instruction ☐
Other (please identify) _____

Vocational Education ☐
Title I, II, VI _____

A report of the conference must be completed on the back of this form. Reimbursement will not be approved without this report.

Would you recommend this conference to others? Yes ☐ No ☐

If so, please offer suggestions regarding who should be trained and how this information might best be utilized and disseminated through the District:

Signature

Date

Principal

Date

Superintendent

Date

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