

CLINTON TOWNSHIP BOARD OF EDUCATION

**Post Travel Report**

Pursuant to Bylaw No. 6471 "School District Travel"

Employee Name: \_\_\_\_\_

Dates of Travel Event: \_\_\_\_\_

Type of Travel Event: \_\_\_\_\_ Training and/or Seminar  
(Select One) \_\_\_\_\_ Convention or Conference  
\_\_\_\_\_ Retreat

Location: \_\_\_\_\_

Name or Title of Event: \_\_\_\_\_

Date of Board Approval: \_\_\_\_\_

Identify Primary Purpose of Travel: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Identify Goals and Key Issues Addressed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe Relevance to Improving Instruction or Operation of the District:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

This report shall be completed in its entirety and returned within one week of travel.

Incomplete forms will be returned to the employee or member.

PLEASE SEND A HARD COPY. WE REQUIRE ORIGINAL SIGNATURES.