

MPS #3A

**MOBERLY PUBLIC SCHOOLS**  
Actual Report of Travel Expenses for Reimbursement

PO # \_\_\_\_\_

Name \_\_\_\_\_ Account to Charge \_\_\_\_\_

Building \_\_\_\_\_ Department \_\_\_\_\_

Purpose of Trip \_\_\_\_\_

Date of Trip \_\_\_\_\_ Destination \_\_\_\_\_

**Actual Expenses & Receipts - (as included on leave request)**

**Mileage:**

**Expenses (excluding taxes):**

Date	# of Miles*	x 50¢ /mile	Equals
		x .50	
		x .50	
		x .50	
		x .50	
		x .50	

Mileage \$ \_\_\_\_\_

Registration \$ \_\_\_\_\_ Attach Receipts

Lodging \$ \_\_\_\_\_ Attach Receipts

Meals\*\*:

    Breakfast \$ \_\_\_\_\_ Attach Receipts  
    (Max. \$7 each)

    Lunch \$ \_\_\_\_\_ Attach Receipts  
    (Max. \$8 each)

    Dinner \$ \_\_\_\_\_ Attach Receipts  
    (Max. \$15 each)

Other Reimbursable Fees \$ \_\_\_\_\_ Attach Receipts

**Total Due** \$ \_\_\_\_\_

*\*\*do not include tax; must have ITEMIZED receipt (not credit card receipt)*

**For PDC reimbursement, the MPS #3B must be attached to this form**

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's Approval: Approved \_\_\_\_\_ Not Approved \_\_\_\_\_

Building PDC Rep.: \_\_\_\_\_ Approved \_\_\_\_\_ Not Approved \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

This form must be turned in within three business days of trip and to the Central Office by the 20<sup>th</sup> day of the month in order for it to be approved for payment by the following month's board meeting.

**CENTRAL OFFICE USE ONLY**

Superintendent/Asst Supt Approval for Payment: Approved \_\_\_\_\_ Not Approved \_\_\_\_\_

Superintendent/Asst Supt Signature \_\_\_\_\_ Date \_\_\_\_\_

*Revised November 11, 2020*

**MPS #3B**

**Professional Development Follow-up Questionnaire**

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

Date: \_\_\_\_\_

Activity attended: \_\_\_\_\_

Date of activity: \_\_\_\_\_

*We would like to know the impact of the professional development you have received.  
Your responses will be greatly appreciated. Please be as honest as possible.*

1. What type of training did you receive?
2. What did you do differently in your classroom following the training?
3. From your perspective, what was the impact or benefit of using these new ideas?
4. Describe the training you received: _____ _____ _____ _____ _____ _____ _____ _____ _____
5. What additional support do you need to continue studying and implementing the concepts and key skills?
6. Would you be interested in a follow-up workshop?    Yes <input type="checkbox"/> No <input type="checkbox"/>
7. I will share my learning with the faculty by:

**MUST BE ATTACHED TO MPS #3A**