

Northern New England Conference Teacher Monthly Report

Name:	Phone:
Address:	City: State: Zip:
School:	For Month of: Year:

Description	Date	Activities									Financial				Office Use Only		
		School		Personal		Homes Visited	Meetings (School Board, Home & School)	Field Trips, Programs, Etc.	Parent/Teacher Conf.	Fire Drill	Authorized Travel				Pay code	Amount	
		AM	PM	AM	PM						Mileage	Room	Meals (per diem)	Tolls			
		T= Teacher Work Day X= School in Session H= Holiday SN= Snow Day		P= Personal Day S= Sick O= Other (explain)													
	1													Certification	26		
	2																
	3																
	4																
	5													Graduate Study	26		
	6													Dep Tuit-Teach	28		
	7																
	8																
	9													Travel-Special	52		
	10																
	11																
	12																
	13													Advance	60		
	14																
	15																
	16																
	17													Moving Allow.	74		
	18													Moving Reimb.	75		
	19													Conf. Pd. Mov.	79		
	20																
	21																
	22																
	23																
	24																
	25																
	26																
	27																
	28																
	29													Wellness Prog.	121		
	30																
	31																
Totals <i>(please total all columns)</i>																	

Request or Comments: Inspirational Experience: (in or out of the classroom) Accomplishments: Successful this month with Wellness Program <input type="checkbox"/> Yes <input type="checkbox"/> No	Upcoming school vacation contact number: <input type="checkbox"/> Approval Comments:
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White Copy - Treasury Department

Yellow Copy - Education Department

Pink Copy - Employee