

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)													
	16													Certification	26		
	17																
	18																
	19																
	20													Graduate Study	26		
	21													Dep Tuit-Teach	28		
	22																
	23																
	24													Travel-Special	52		
	25																
	26																
	27																
	28													Advance	60		
	29																
	30																
	31																
	1													Moving Allow.	74		
	2													Moving Reimb.	75		
	3													Conf. Pd. Mov.	79		
	4																
	5																
	6																
	7																
	8																
	9																
	10																
	11																
	12																
	13													Wellness Prog.	121		
	14																
	15																
Totals <i>(please total all columns)</i>																	

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

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White Copy - Treasury Department

Yellow Copy - Education Department

Pink Copy - Employee