**EVALUATION REPORT**

**WORKSHOP --- CONFERENCE --- IN SERVICE**

1. Teacher or Employee:_____

2. Date(s) of (W), (C), or (I): _____

3. Place of (W), (C), or (I):_____

4. Title of (W), (C), or (I):_____

5. Presenter:_____

6. Summary of what was presented:_____

_____

_____

7. Subject area pertaining to: (example—math, science, reading, etc):_____

_____

8. Actual cost to be reimbursed to Employee: (Please include all receipts):

| | | | |
|---|---|---|---|
| Registration Fee: | $_____ | Taxi Cost: | $_____ |
| Total Miles ____ X .76 | =$_____ | Tips: | $_____ |
| Total cost of meals: | $_____ | Parking meter: | $_____ |
| Total motel/hotel cost: | $_____ | Stipend: | $_____ |
| Other: | $_____ | | |

**TOTAL REIMBURSED: $**0.00_____

Please sign and return within three (3) days after the (W), (C), or (I).

Signature:_____ Date:_____