

**RESIDENCY COMMITTEE
Monthly Report Form
for the month of**

**THIS FORM MUST BE
SUBMITTED BY THE 10TH
WORKING DAY OF THE
MONTH FOLLOWING LAST
VISIT!!!**

NAME: _____

S.S. NUMBER: _____

MAILBOX NUMBER (or mailing address): _____

CAR TAG NUMBER: _____

Travel claim for reimbursement on mileage is slowed if **any words or numbers** are not legible or missing.

POINTS OF TRAVEL (Town, not school)	DATE	RESIDENCY TEACHER	PURPOSE OF TRIP (Check appropriate circle(s))		MAP MILES (City to city, round trip)	VICINTY (City limit to school, back to city limit)	TOTAL (Map + Vic inity)
			Committee	Observation			
			<input type="radio"/> Mtg. One <input type="radio"/> Mtg. Two <input type="radio"/> Mtg. Three <input type="radio"/> Extra Mtg.	<input type="radio"/> Obs. One <input type="radio"/> Obs. Two <input type="radio"/> Obs. Three <input type="radio"/> Extra Obs.			
			<input type="radio"/> Mtg. One <input type="radio"/> Mtg. Two <input type="radio"/> Mtg. Three <input type="radio"/> Extra Mtg.	<input type="radio"/> Obs. One <input type="radio"/> Obs. Two <input type="radio"/> Obs. Three <input type="radio"/> Extra Obs.			
			<input type="radio"/> Mtg. One <input type="radio"/> Mtg. Two <input type="radio"/> Mtg. Three <input type="radio"/> Extra Mtg.	<input type="radio"/> Obs. One <input type="radio"/> Obs. Two <input type="radio"/> Obs. Three <input type="radio"/> Extra Obs.			
			<input type="radio"/> Mtg. One <input type="radio"/> Mtg. Two <input type="radio"/> Mtg. Three <input type="radio"/> Extra Mtg.	<input type="radio"/> Obs. One <input type="radio"/> Obs. Two <input type="radio"/> Obs. Three <input type="radio"/> Extra Obs.			
			<input type="radio"/> Mtg. One <input type="radio"/> Mtg. Two <input type="radio"/> Mtg. Three <input type="radio"/> Extra Mtg.	<input type="radio"/> Obs. One <input type="radio"/> Obs. Two <input type="radio"/> Obs. Three <input type="radio"/> Extra Obs.			
			SUB TOTALS				

TOTAL OF COMMITTEE VISITS: _____

TOTAL OF OBSERVATION VISITS: _____

TOTAL MILES: _____
 State Mileage _____ x .55
 Total of Claim _____

SIGNATURE: I certify that the above information is accurate to the best of my knowledge.

DATE: _____