

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 - (Form MPS #2A & 2B Must Be Attached)**

**Mileage:**

**Expenses:**

Date	# of Miles	X .30/mile	Equals
		\$0.30	
		\$0.30	
		\$0.30	
		\$0.30	
		\$0.30	

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

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

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

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

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

**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 to the Central Office by the 20<sup>th</sup> of the month  
in order for it to be approved for payment by the following months board meeting.

CENTRAL OFFICE USE ONLY

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

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

**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**

# MOBERLY SCHOOL DISTRICT

## DISTRICT PAID MILEAGE

### ONE-WAY TRIP MILEAGE –MAXIMUM MILEAGE PAID TO THESE DESTINATIONS:

BETHANY .....	144 MILES
BOONVILLE .....	46 MILES
CAMERON .....	122 MILES
CANTON .....	95 MILES
CENTRALIA .....	25 MILES
CHILLICOTHE .....	85 MILES
CLINTON .....	160 MILES
COLUMBIA.....	36 MILES
ELDON .....	95 MILES
EXCELSIOR SPRINGS .....	160 MILES
FAYETTE .....	32 MILES
FULTON .....	63 MILES
HANNIBAL.....	68 MILES
HARRISONVILLE.....	189 MILES
INDEPENDENCE .....	150 MILES
JEFFERSON CITY .....	66 MILES
JOPLIN.....	263 MILES
KANSAS CITY.....	155 MILES
KEYTESVILLE .....	30 MILES
KIRKSVILLE .....	57 MILES
LAKE OZARK .....	106 MILES
LINN .....	87 MILES
MACON .....	22 MILES
MARSHALL.....	90 MILES
MARYVILLE .....	195 MILES
MEXICO .....	40 MILES
OSAGE BEACH .....	115 MILES
QUINCY, IL.....	82 MILES
ROLLA.....	129 MILES
SEDALIA.....	96 MILES
SPRINGFIELD .....	196 MILES
ST. CHARLES.....	133 MILES
ST. JOSEPH.....	158 MILES
ST. LOUIS .....	155 MILES
TROY .....	119 MILES
WARRENSBURG .....	130 MILES