**SPF-PFS Community of Practice in Southeast Ohio initiative**

**Effort Report form to be completed by traveler.**

**INSERT TRAVELER NAME HERE**

**Date of Report:**

**Effort report due no later than 15 days after conference completion, invoice will not be paid without effort report. Please submit your effort report with your invoice.**

Please provide an itinerary of your trip, agenda for the conference attended, copies of paper receipts for travel to and from the conference and airport, and any flight and lodging documentation with this completed effort report.

**Trip information**

**Name of Attendee(s):**

**Conference Attended:**

**Departure Address: (city/state of your office) Date/Time:**

**Ending Address: (city/state of conference) Date/Time:**

**Return Trip**

**Departure Address: (city/state of conference) Date/Time:**

**Ending Address: (city/state of your office) Date/Time:**

**Key learnings from the conference, no more than 5 bullet points:**

* **Please type here**
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