

Please submit invoices to Leslie Hoylman: hoylman@ohio.edu

**SPF-PFS Community of Practice in Southeast Ohio initiative
Effort Report form to be completed by traveler.**

TRAVELER NAME:

Date of Report:

**Effort report due no later than 30 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.

CONFERENCE(S) INFORMATION

Conference Attended:

Departure Address: (office)

Date:

Ending Address: (conference)

Date:

***roundtrip**

Key learnings from the conference, no more than 3-5 sentences:

Conference Attended:

Departure Address: (office)

Date:

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