B&WLOGO.TIFSuperior Greenstone District School Board

***Event Coordinator Reporting Sheet for***

***Professional Development, Coaching, PLCs and Meetings***

Reporting Event Coordinator:       Date:

Initiative Name       Event Title:

CHECK ONE: Face to Face Teleconference Video Conference

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***Initiative Code*** | ***Employee***  ***(First and Last Name)*** | **School** | **Will you be submitting an expense form?**  **(yes or no)** | **Expense Report Received** | **Signature**  (N/A if teleconference or video conference) |
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I, \_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_herby confirm that the above individuals attended this event

\_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Signature of Event Coordinator

***This section to be completed by Event Coordinator if PD is to be invoiced to the Ministry – Please attach reimbursement guidelines***

|  |  |
| --- | --- |
| Name/Company |  |
| Address |  |
| Phone Number |  |

***Instructions for Completion***

1. This form is to be completed by the Event Coordinator immediately after every event and activity, including individual school activities.
2. The Event Coordinator will e-mail this to the initiative clerk Tracy Tammi [ttammi@sgdsb.on.ca](mailto:ttammi@sgdsb.on.ca)

H12-006 2016 09 Rev4