

**REPORT**

In-Service Training Number of days

Sabbatical Leave Number of weeks

**Name** (in block capitals)**:**

**Address:**

**Telephone no.:**

1. Details of course/activity attended.

Title:

Venue:

Dates:

2. Expenses for which I wish to claim.

# Invoices included

(please tick)

(i) Fees:

(ii) Travel:

(iii) Accommodation:

(iv) Supply fee(s): **Please supply names of preachers:**

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(v) Other:

3. Report.

**Signed:**  **Date:**