

Wellsboro Area School District  
227 Nichols Street  
Wellsboro, PA 16901

### Request to Attend Conference / Meeting

**THIS FORM MUST BE COMPLETED AND APPROVED BEFORE REGISTERING FOR THE CONFERENCE/WORKSHOP.**

Individual Attending Jeremy Byrd  
Name of Conference Integrated Learning Conference (and Perkins Meeting)  
Location of Conference State College, PA  
Date(s) 11/6-8/2019 Days of Week \_\_\_\_\_

Are you an active member of the organization sponsoring this event?  Yes  No

Is this conference directly related to a classroom assignment?  Yes  No

Purpose of conference:

Gain insight on learning styles and Perkins operations.

Number of school days absent for conference/meeting: 3  
Total number of days requested for conference/meeting: 3 (include travel time)

Estimated time of departure: 6:00 AM  
Estimated time of return: 5:00 PM

**COMPLETE THE FOLLOWING ESTIMATIONS OF EXPENSES:**

Travel: Perkins Reimbursed  
Lodging: Shared Room  
Meals: Included  
Registration: \$160.00  
Other: \_\_\_\_\_  
Total Estimated Expenditures: \$160.00

**SUBSTITUTE NEEDED:**  
 Yes (# of Days) \_\_\_\_\_  
 No

**All receipts must be itemized.  
Tips are not reimbursable.**

Submitted by: [Signature] Date: 9/3/19

Recommended to Superintendent:  Yes  No [Signature]  
Principal Signature

Account # \_\_\_\_\_ Amount/% \_\_\_\_\_  
Account # \_\_\_\_\_ Amount/% \_\_\_\_\_

Recommended to School Board for Approval: [Signature]  
Superintendent Signature

Date Approved by School Board: \_\_\_\_\_

Distribution:  Original - District Office  Copy 1 - Teacher  Copy 2 - Building Office

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227 Nichols Street  
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### Request to Attend Conference / Meeting

**THIS FORM MUST BE COMPLETED AND APPROVED BEFORE REGISTERING FOR THE CONFERENCE/WORKSHOP.**

Individual Attending Matthew Rendos  
Name of Conference Integrated Learning Conference (and Perkins Meeting)  
Location of Conference State College, PA  
Date(s) 11/6-8/2019 Days of Week \_\_\_\_\_

Are you an active member of the organization sponsoring this event?  Yes  No  
Is this conference directly related to a classroom assignment?  Yes  No

Purpose of conference:  
Gain insight on learning styles and Perkins operations.

Number of school days absent for conference/meeting: 3  
Total number of days requested for conference/meeting: 3 (include travel time)  
Estimated time of departure: 6:00 AM  
Estimated time of return: 5:00 PM

**COMPLETE THE FOLLOWING ESTIMATIONS OF EXPENSES:**

Travel: Perkins Reimbursed  
Lodging: \$242.00  
Meals: Included  
Registration: \$160.00  
Other: \_\_\_\_\_  
Total Estimated Expenditures: \$402.00

**SUBSTITUTE NEEDED:**  
 Yes (# of Days) \_\_\_\_\_  
 No

**All receipts must be itemized.  
Tips are not reimbursable.**

Submitted by: Matthew J. Rendos Date: 9-3-19

Recommended to Superintendent:  Yes  No [Signature]  
Principal Signature

Account # \_\_\_\_\_ Amount/% \_\_\_\_\_  
Account # \_\_\_\_\_ Amount/% \_\_\_\_\_

Recommended to School Board for Approval: [Signature]  
Superintendent Signature

Date Approved by School Board: \_\_\_\_\_

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