

**Request to Attend Conference / Meeting**



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

Individual Attending Robert Becker  
Name of Conference Highly Qualified Paraprofessional Assessment  
Location of Conference Canton, PA  
Date(s) 11/4/2019 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:  
Focused assistance plan training.

Number of school days absent for conference/meeting: 1  
Total number of days requested for conference/meeting: 1 (include travel time)  
Estimated time of departure: 8:00 AM  
Estimated time of return: 3:00 PM

**COMPLETE THE FOLLOWING ESTIMATIONS OF EXPENSES:**

Travel: \$40.00  
Lodging: \_\_\_\_\_  
Meals: \_\_\_\_\_  
Registration: \$25.00  
Other: \_\_\_\_\_  
**Total Estimated Expenditures: \$65.00**

**SUBSTITUTE NEEDED:**  
 Yes (# of Days) 1  
 No

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

Submitted by: Liz Barnhart Date: 8/28/2019

Recommended to Superintendent:  Yes  No E.A. Barnhart, Ed.D.  
Principal Signature

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

Recommended to School Board for Approval: Dr. Brenda M. Freeman  
Superintendent Signature

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

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