

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 and Tanya Harmon  
Name of Conference Mandatory Perkins Regional Workshop  
Location of Conference Pleasant Gap  
Date(s) October 9th, 2019 Days of Week Wednesday

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:

Mandatory to receive Perkins funding

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: 6:00am  
Estimated time of return: 5:00pm

**COMPLETE THE FOLLOWING ESTIMATIONS OF EXPENSES:**

Travel:	<u>\$95.12</u>
Lodging:	<u>\$0.00</u>
Meals:	<u>\$0.00</u>
Registration:	<u>\$0.00</u>
Other:	<u>\$0.00</u>
<b>Total Estimated Expenditures:</b>	<u>\$95.12</u>

**SUBSTITUTE NEEDED:**

☐ Yes (# of Days) \_\_\_\_\_  
☐ No

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

Submitted by: Tanya Harmon Date: 9/30/2019

Recommended to Superintendent: ☐ Yes ☐ No

  
Principal Signature

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

Recommended to School Board for Approval:

  
Superintendent Signature

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

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