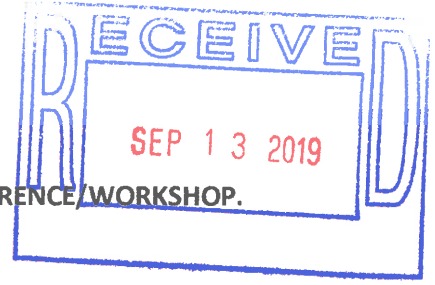


Wellsboro Area School District
227 Nichols Street
Wellsboro, PA 16901

Request to Attend Conference / Meeting



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

Individual Attending Elizabeth Barnhart
Name of Conference Special Education Fiscal Training
Location of Conference Nittany Inn State College
Date(s) 7-Nov Days of Week Thursday

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:

Special education fiscal training with business manager

Number of school days absent for conference/meeting: 1/2 day
Total number of days requested for conference/meeting: 1/2 day (include travel time)

Estimated time of departure: _____

Estimated time of return: _____

COMPLETE THE FOLLOWING ESTIMATIONS OF EXPENSES:

Travel: \$63.80
Lodging: _____
Meals: _____
Registration: _____
Other: _____

Total Estimated Expenditures: \$63.80

SUBSTITUTE NEEDED:

☐ Yes (# of Days) _____
☒ No

All receipts must be itemized.
Tips are not reimbursable.

Submitted by: EA Barnhart E.D. Date: 9/12/19

Recommended to Superintendent: ☐ Yes ☐ No

Principal Signature

Account # _____ Amount/% _____
Account # _____ Amount/% _____

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

Date Approved by School Board: _____

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