

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 Marcia Smith
Name of Conference QBS Train the Trainer Recertification
Location of Conference Smethport, PA
Date(s) 11/21/2019 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:

The purpose of this conference is recertify the participants so that they can continue to teach and recertify staff in the principles of QBS.

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: 6:30
Estimated time of return: 6:30

COMPLETE THE FOLLOWING ESTIMATIONS OF EXPENSES:

Travel: ~~\$81.20~~ NO
Lodging: _____
Meals: _____
Registration: \$425.00
Other: _____

Total Estimated Expenditures: \$506.20 + subs

SUBSTITUTE NEEDED:

☒ Yes (# of Days) 1
☐ No

All receipts must be itemized.
Tips are not reimbursable.

Submitted by: Marcia Smith Date: 11-8-19

Recommended to Superintendent: ☒ Yes ☐ No E. A. Burchett, Jr.

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