

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 Candy Lewis
Name of Conference QBS Safety-Care Trainer Recertification
Location of Conference Smethport PA
Date(s) 21-Nov-19 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 the training is to maintain current certification as a QBS Safety-Care Trainer for the district.

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 a.m.
Estimated time of return: 5:30 p.m.

COMPLETE THE FOLLOWING ESTIMATIONS OF EXPENSES:

Travel: \$71.92
Lodging: _____
Meals: _____
Registration: \$425.00
Other: _____
Total Estimated Expenditures: \$496.92 *submitted*

SUBSTITUTE NEEDED:

☒ Yes (# of Days) 1
☐ No

All receipts must be itemized.
Tips are not reimbursable.

Submitted by: Candy Lewis Date: 11/7/19

Recommended to Superintendent: ☒ Yes ☐ No EA Dambach, 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: _____