## Wellsboro Area School District 227 Nichols Street Wellsboro, PA 16901

## **Request to Attend Conference / Meeting**

| 1 | J.                                     | 1   | LEE L | $\mathbb{W}$ |                                         |
|---|----------------------------------------|-----|-------|--------------|-----------------------------------------|
| 7 | The state of the state of the state of | OCT | 3 0   | 2019         | Market Bridge State and Chemical States |
|   |                                        |     |       |              | U                                       |

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

| Individual Attending Tanya Harmon, Jill Gastrock, Jessica Webster, Dan L                                         | ong, Sherry Mohr                            |
|------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| Name of Conference career Readiness Boot Ccamp                                                                   |                                             |
| Location of Conference Blast IU17                                                                                |                                             |
| Date(s) Wed October 29,2019 Days of Week                                                                         | 1                                           |
| Are you an active member of the organization sponsoring this event?                                              | Yes                                         |
| Is this conference directly related to a classroom assignment?                                                   | Yes   No                                    |
| Purpose of conference:                                                                                           |                                             |
| To introduce classroom teahers to career and industry options and help th                                        | nem make realtionships for students.        |
| Number of school days absent for conference/meeting: 1  Total number of days requested for conference/meeting: 1 | (include travel time)                       |
| <u> </u>                                                                                                         |                                             |
| Estimated time of departure: 7:30                                                                                | O a sale sample sand                        |
| Estimated time of return: 4:00                                                                                   | Subs will be Nembursed<br>per Jonya \$1,000 |
| COMPLETE THE FOLLOWING ESTIMATIONS OF EXPENSES:                                                                  | per Jonya + 1,000                           |
| COMPLETE THE FOLLOWING ESTIMATIONS OF EXPENSES:                                                                  | SUBSTITUTE NEEDED:                          |
| Travel:\$63.80                                                                                                   | Yes (# of Days) 1                           |
| Lodging: \$0.00                                                                                                  | O No                                        |
| Meals: \$0.00                                                                                                    |                                             |
| Registration: \$0.00                                                                                             |                                             |
| Other: \$0.00                                                                                                    | All receipts must be itemized.              |
| Total Estimated Expenditures: \$63.80                                                                            | Tips are not reimbursable.                  |
| Submitted by: Tanya Harman                                                                                       | Date: 10 28 19                              |
| Recommended to Superintendent:                                                                                   | Al Ch                                       |
| Account # 2271. 58/ . 800                                                                                        | Principal Signature                         |
|                                                                                                                  | Amount/%                                    |
| Account #                                                                                                        | Amount/%                                    |
| Recommended to School Board for Approval:                                                                        | Flooman Superintendent Signature            |
| Date Approved by School Board:                                                                                   | 4 loto pend of                              |
| Distribution: Original - District Office Copy 1 - Teache                                                         | Copy 2 - Building Office                    |