



Request to Attend Conference / Meeting

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

Individual Attending Laura Kozuhowski
Name of Conference AA Panel
Location of Conference Wellsboro Tokishi Banquet Room
Date(s) 9-Jan-20 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:
All students and all faculty can benefit from learning about the AA program and the 12 Steps! Alanon and AlaTeen are connected with the 12 step program for those who love an alcoholic, an addict, or someone in recovery. Physical, mental, emotional, and spiritual growth and well-being are the focus. Let's face it, everyone knows or loves someone with some sort of addiction.

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: noon
Estimated time of return: next day

COMPLETE THE FOLLOWING ESTIMATIONS OF EXPENSES:

Travel: _____
Lodging: _____
Meals: _____
Registration: _____
Other: _____
Total Estimated Expenditures: \$0.00

SUBSTITUTE NEEDED:
 Yes (# of Days) 1/2
 No

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

Submitted by: Laura Kozuhowski Date: 11/20/2019

Recommended to Superintendent: Yes No
Principal Signature: [Signature]
Account # _____ Amount/% _____
Account # _____ Amount/% _____

Recommended to School Board for Approval: [Signature]
Superintendent Signature

Date Approved by School Board: _____

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