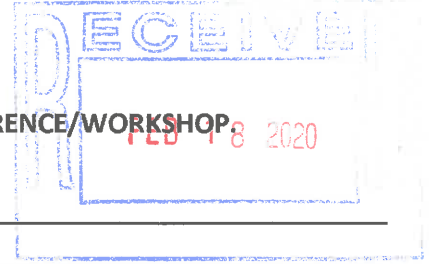


Request to Attend Conference / Meeting

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



Individual Attending Elizabeth Barnhart
Name of Conference Gifted Education Update
Location of Conference PaTTAN Harrisburg
Date(s) 23-Apr-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:

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: _____

Estimated time of return: _____

COMPLETE THE FOLLOWING ESTIMATIONS OF EXPENSES:

Travel: \$154.10
Lodging: _____
Meals: \$20.00
Registration: _____
Other: _____
Total Estimated Expenditures: \$174.10

SUBSTITUTE NEEDED:

☐ Yes (# of Days) _____
☐ No

All receipts must be itemized.
Tips are not reimbursable.

Submitted by: EA Barnhart Ed.D. Date: 2/14/2020

Recommended to Superintendent: ☐ Yes ☐ No

Account # 10-2261-532-000-00-100-Spec Ed
Account # _____

Principal Signature _____
Amount/% 174.10
Amount/% _____

Recommended to School Board for Approval:

Dr. Brenda M. Freeman
Superintendent Signature

Date Approved by School Board: _____