



Request to Attend Conference / Meeting

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

Individual Attending Heather Steinbacher
Name of Conference Gifted Educator Networking
Location of Conference Williamsport PA + Canton PA
Date(s) 11-3-22 and 2-2-23 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 networking event will focus on information sharing, discussion, collaboration around K-12 Gifted Education topics, with emphasis on PDE initiatives and best practice for Gifted Educators.

Number of school days absent for conference/meeting: 2
Total number of days requested for conference/meeting: 2 (include travel time)
Estimated time of departure: 7:30 am
Estimated time of return: 3:30 pm

COMPLETE THE FOLLOWING ESTIMATIONS OF EXPENSES:

Travel: 0
Lodging: 0
Meals: 0
Registration: 0
Other: Sub: \$115/day
Total Estimated Expenditures: \$230.00 ~~\$0.00~~

SUBSTITUTE NEEDED:
 Yes (# of Days) 2
 No

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

Submitted by: Heather Steinbacher Date: 5/16/22

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: _____