

Wellsboro Area School District
227 Nichols Street
Wellsboro, PA 16901

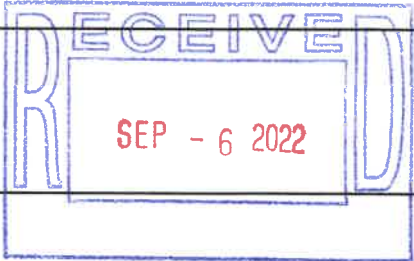
Request to Attend Conference / Meeting

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

Individual Attending Joyce Butler
Name of Conference A/CAPA - Attendance/Child Accounting Professional Association
Location of Conference Hotel Hershey
Date(s) October 25-28 Days of Week Tuesday-Friday

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:
To provide knowledge and updates for child accounting and PIMS reporting.



Number of school days absent for conference/meeting: 3
Total number of days requested for conference/meeting: 3.5 (include travel time)

Estimated time of departure: 1:00pm on 10/25
Estimated time of return: 4:00pm on 10/28

COMPLETE THE FOLLOWING ESTIMATIONS OF EXPENSES:

Travel: \$190.00
Lodging: \$891.00
Meals: \$150.00
Registration: \$345.00
Other: _____
Total Estimated Expenditures: \$1,576.00

SUBSTITUTE NEEDED:
 Yes (# of Days) _____
 No

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

Submitted by: _____ Date: _____

Recommended to Superintendent: Yes No Blair R
Principal Signature

Account # 10-2272-360-000-00-100 Amount/% 345
Account # 10-2273-581-000-00-100 Amount/% Balance

Recommended to School Board for Approval: _____
Superintendent Signature

Date Approved by School Board: _____

Distribution: Original - District Office Copy 1 - Teacher Copy 2 - Building Office

V-20-2