

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 Alanna Huck
Name of Conference PARSS Meeting
Location of Conference State College
Date(s) 9/14-9/15 Days of Week Thursday and 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:
The purpose of this conference is to advocate for rural schools in PA. All expenses paid by PARSS.

Number of school days absent for conference/meeting: 1.5
Total number of days requested for conference/meeting: 1.5 (include travel time)
Estimated time of departure: 10:00 AM
Estimated time of return: 4:00 PM

COMPLETE THE FOLLOWING ESTIMATIONS OF EXPENSES:

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

SUBSTITUTE NEEDED:
 Yes (# of Days) _____
 No

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

Submitted by:  Date: 8/31/23

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

Recommended to School Board for Approval: _____
Superintendent Signature _____

Date Approved by School Board: _____

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