



Request to Attend Conference / Meeting

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

Individual Attending Shane Mascho
Name of Conference Pennsylvania School Counselors Association Conference
Location of Conference Kalahari Resorts, Pocono Manner, PA
Date(s) 12/7-12/8/2023 Days of Week Thursday/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:
Attend workshops on latest best practice in School Counseling.

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: 6:00am
Estimated time of return: 6:00pm

COMPLETE THE FOLLOWING ESTIMATIONS OF EXPENSES:

Travel: \$142.79
Lodging: \$255.05
Meals: \$60.00
Registration: \$300.00
Other: _____
Total Estimated Expenditures: \$757.84

SUBSTITUTE NEEDED:
 Yes (# of Days) _____
 No

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

Submitted by: [Signature] Date: 10/30/23

Recommended to Superintendent: Yes No [Signature]
Principal Signature

Account # Guidance Amount/% _____
Account # _____ Amount/% _____

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

Date Approved by School Board: _____