



Request to Attend Conference / Meeting

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

Individual Attending Bianca Parsons
Name of Conference CPR instructor class
Location of Conference Williamsport
Date(s) 12/15/2023 Days of Week 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:
As a CTE program, the students are required to have an industry related certification. American Heart Association CPR is an included program that meets the CTE requirements. Attending the CPR instructor class will allow me to provide this PDE approved training to the students in the Health Occupations program.

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: 7:30 AM
Estimated time of return: 5:00 PM

COMPLETE THE FOLLOWING ESTIMATIONS OF EXPENSES:

Travel: 104 miles = \$68.12
Lodging: _____
Meals: _____
Registration: \$375.00
Other: _____
Total Estimated Expenditures: ~~\$375.00~~ \$443.12

SUBSTITUTE NEEDED:
 Yes (# of Days) 1
 No

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

Submitted by: Bianca Parsons *Bianca Parsons* Date: 11/28/2023

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: _____

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