

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 Jessica Witmer  
Name of Conference Safety Care (V7) Initial  
Location of Conference Blast, Williamsport PA  
Date(s) 6/10/24 - 6/12/24 Days of Week Mon, Tues, Weds

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:

This is a train the trainer event for QBS, Safety Care management

Number of school days absent for conference/meeting: 0  
Total number of days requested for conference/meeting: 3 (include travel time)

Estimated time of departure: 7:00am  
Estimated time of return: 5:00pm

**COMPLETE THE FOLLOWING ESTIMATIONS OF EXPENSES:**

Travel: \$200.43  
Lodging: \_\_\_\_\_  
Meals: \_\_\_\_\_  
Registration: \$2,050.00  
Other: \_\_\_\_\_  
**Total Estimated Expenditures:** \$2,250.43

**SUBSTITUTE NEEDED:**  
 Yes (# of Days) \_\_\_\_\_  
 No

Funded by PCCD Grant

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

Submitted by: Jessica Witmer Date: 11/15/2023

Recommended to Superintendent:  Yes  No [Signature]  
Principal Signature

Account # PCCD Grant Amount/% ALL  
Account # \_\_\_\_\_ Amount/% \_\_\_\_\_

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

Date Approved by School Board: \_\_\_\_\_