

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 Marcia Smith  
Name of Conference QBS Trainer Recertification  
Location of Conference Binghamton, Ny  
Date(s) 10-Mar-23 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:

This training is required yearly to enable me to continue to provide QBS training to district employees.

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: 5:30AM  
Estimated time of return: 6:00PM

**COMPLETE THE FOLLOWING ESTIMATIONS OF EXPENSES:**

Travel: \$125.00  
Lodging: \_\_\_\_\_  
Meals: \$10.00  
Registration: \$600.00  
Other: \_\_\_\_\_  
**Total Estimated Expenditures: \$735.00**

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

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

Submitted by: Marcia Smith Date: 1-18-23

Recommended to Superintendent:  Yes  No Varen Jarrar  
Principal Signature

Account # \_\_\_\_\_ Amount/% \_\_\_\_\_  
Account # \_\_\_\_\_ Amount/% \_\_\_\_\_

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

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