

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 Kris Davis  
Name of Conference QBS Trainer Training  
Location of Conference Williamsport, PA  
Date(s) 6/12, 6/13, 6/14/2023 Days of Week Mon, Tues, Wed

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 conference will provide the instruction and certification needed to train individuals within the WASD.

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

**COMPLETE THE FOLLOWING ESTIMATIONS OF EXPENSES:**

Travel: \$206.25  
Lodging: \_\_\_\_\_  
Meals: \_\_\_\_\_  
Registration: \$1,750.00  
Other: \_\_\_\_\_  
**Total Estimated Expenditures: \$1,956.25**

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

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

Submitted by: [Signature] Date: 2/6/23

Recommended to Superintendent:  Yes  No [Signature]  
Principal Signature

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

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

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