

Request to Attend Conference / Meeting

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

Individual Attending Todd Outman
Name of Conference CAOLACon 24 - Inspiring Change, Igniting Action for Tomorrow
Location of Conference Wind Creek Resort, Bethlehem, PA
Date(s) March 13, 14, 15 2024 Days of Week Wednesday, 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:

Each year, CAOLA hosts a conference to reinforce and share best practices in online learning, collaborate, and socially network.

Number of school days absent for conference/meeting: 2.5
Total number of days requested for conference/meeting: 2.5 (include travel time)

Estimated time of departure: 11:30 Wed.
Estimated time of return: 4:00 Fri.


COMPLETE THE FOLLOWING ESTIMATIONS OF EXPENSES:

Travel: \$0.00
Lodging: \$0.00
Meals: \$28.00
Registration: \$0.00
Other: \$0.00
Total Estimated Expenditures: \$28.00

SUBSTITUTE NEEDED:
 Yes (# of Days) 2.5
 No

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

Submitted by: Todd Outman  Date: 12/20/2023

Recommended to Superintendent: Yes No 

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

Recommended to School Board for Approval:  Superintendent Signature

Date Approved by School Board: _____

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

DEC 12 2023
DEC 13 2023

Request to Attend Conference / Meeting

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

Individual Attending Ben Largey
Name of Conference CAOLACon 24 - Inspiring Change, Igniting Action for Tomorrow
Location of Conference Wind Creek Resort, Bethlehem, PA
Date(s) March 13, 14, 15 2024 Days of Week Wednesday, 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:

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Estimated time of departure: 11:30 Wed.
Estimated time of return: 4:00 Fri.

COMPLETE THE FOLLOWING ESTIMATIONS OF EXPENSES:

Travel: \$256.76
Lodging: \$0.00
Meals: \$28.00
Registration: \$0.00
Other: _____
Total Estimated Expenditures: \$284.76

SUBSTITUTE NEEDED:
 Yes (# of Days) 2.5
 No

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

Submitted by: Ben Largey Date: 11/15/2023

Recommended to Superintendent: Yes No _____

Account # _____ Principal Signature _____
Account # _____ Amount/% _____
Account # _____ Amount/% _____

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

Date Approved by School Board: _____

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

Individual Attending Brigette Ostrom Largey
Name of Conference CAOLACon 24 - Inspiring Change, Igniting Action for Tomorrow
Location of Conference Wind Creek Resort, Bethlehem, PA
Date(s) March 13, 14, 15 2024 Days of Week Wednesday, 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

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Estimated time of return: 4:00 Fri.

COMPLETE THE FOLLOWING ESTIMATIONS OF EXPENSES:

Travel: \$0.00
Lodging: \$0.00
Meals: \$28.00
Registration: \$0.00
Other: \$0.00
Total Estimated Expenditures: \$28.00

SUBSTITUTE NEEDED:
 Yes (# of Days) 2.5
 No

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

Submitted by: Brigette Ostrom Largey Date: 11/15/2023

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: _____

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

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 Tammy Giarth
Name of Conference CAOLACon 24 - Inspiring Change, Igniting Action for Tomorrow
Location of Conference Wind Creek Resort, Bethlehem, PA
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COMPLETE THE FOLLOWING ESTIMATIONS OF EXPENSES:

Travel: \$0.00
Lodging: \$0.00
Meals: \$28.00
Registration: \$0.00
Other: \$412.50
Total Estimated Expenditures: \$440.50

SUBSTITUTE NEEDED:
 Yes (# of Days) 2.5
 No

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

Submitted by: Tammy Giarth Date: 11/15/2023

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: _____

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Wellsboro Area School District
227 Nichols Street
Wellsboro, PA 16901

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Request to Attend Conference / Meeting

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

Individual Attending Selina Bogaczyk
Name of Conference CAOLACon 24 - Inspiring Change, Igniting Action for Tomorrow
Location of Conference Wind Creek Resort, Bethlehem, PA
Date(s) March 13, 14, 15 2024 Days of Week Wednesday, Thursday, Friday

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COMPLETE THE FOLLOWING ESTIMATIONS OF EXPENSES:

Travel:	<u>\$256.76</u>
Lodging:	<u>\$0.00</u>
Meals:	<u>\$28.00</u>
Registration:	<u>\$0.00</u>
Other:	<u>\$412.50</u>
Total Estimated Expenditures:	<u>\$697.26</u>

SUBSTITUTE NEEDED:
 Yes (# of Days) 2.5
 No

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

Submitted by: Selina Bogaczyk Date: 11/15/2023

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: _____

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Request to Attend Conference / Meeting

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

Individual Attending Jill Gastrock
Name of Conference CAOLACon 24 - Inspiring Change, Igniting Action for Tomorrow
Location of Conference Wind Creek Resort, Bethlehem, PA
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Lodging: \$0.00
Meals: \$28.00
Registration: \$0.00
Other: \$412.50
Total Estimated Expenditures: \$440.50

SUBSTITUTE NEEDED:
 Yes (# of Days) 2.5
 No

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

Submitted by: Jill Gastrock Date: 11/15/2023

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: _____

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Individual Attending Erin Szentesy
Name of Conference CAOLACon 24 - Inspiring Change, Igniting Action for Tomorrow
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Submitted by:  Date: 11/15/2023

Recommended to Superintendent: Yes No 
Principal Signature
Account # _____ Amount/% _____
Account # _____ Amount/% _____

Recommended to School Board for Approval: 
Superintendent Signature

Date Approved by School Board: _____

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Individual Attending Daniel Long
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SUBSTITUTE NEEDED:
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Submitted by: Daniel A. Long Date: 11/15/2023

Recommended to Superintendent: Yes No [Signature]
Principal Signature

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

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

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Individual Attending Elizabeth Hoover
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 No

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Submitted by: Elizabeth Hoover Date: 11/15/2023

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: _____

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Individual Attending Sharon (Sherry) Hazelton-Mohr
Name of Conference CAOLACon 24 - Inspiring Change, Igniting Action for Tomorrow
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Submitted by:  Date: 11/15/2023

Recommended to Superintendent: Yes No 
Principal Signature

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

Recommended to School Board for Approval: 
Superintendent Signature

Date Approved by School Board: _____