

JAN 24 2021

### 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 Safety Care (V7) Initial  
Location of Conference Blast, Williamsport PA  
Date(s) 6/10/24 - 6/12/24 Days of Week Monday, Tuesday & Wednesday

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:

Train the trainer event for QBS, Safety Care Management

Number of school days absent for conference/meeting: \_\_\_\_\_

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

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

Submitted by: Selina Bogaczyk

Date: 1/11/2024

Recommended to Superintendent:  Yes  No



Principal Signature

Account # PCCD Grant

Amount/% All

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