

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 School-Aged Children
Location of Conference Williamsport, PA
Date(s) June 6, 2024 Days of Week Thursday

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:

The School Age Children module provides additional skills and strategies specific to a younger population.

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: 11:30AM

Estimated time of return: 6:30PM

COMPLETE THE FOLLOWING ESTIMATIONS OF EXPENSES:

Travel: \$73.70
Lodging: _____
Meals: \$10.00
Registration: \$600.00
Other: _____
Total Estimated Expenditures: \$683.70

SUBSTITUTE NEEDED:
 Yes (# of Days) _____
 No

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

Submitted by: Marcia L Smith Date: 2-5-24

Recommended to Superintendent: Yes No Karen Jorner
Principal Signature

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

Recommended to School Board for Approval: _____
Superintendent Signature

Date Approved by School Board: _____