

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 State Colleg, PA  
Date(s) 8-Mar-24 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:

The training is required every year. It is a requirement to continue training the Wellsboro Area School District staff in Quality Behavior Solutions.

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: 6:00AM

Estimated time of return: 6:30PM

**COMPLETE THE FOLLOWING ESTIMATIONS OF EXPENSES:**

Travel: \$120.60  
Lodging: \_\_\_\_\_  
Meals: \$10.00  
Registration: \$700.00  
Other: \_\_\_\_\_  
**Total Estimated Expenditures: \$830.60**

**SUBSTITUTE NEEDED:**

Yes (# of Days) \_\_\_\_\_  
 No Act 80 Day

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

Submitted by: Marcia L Smith Date: 1-31-24

Recommended to Superintendent:  Yes  No Karen Jorner  
Principal Signature

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

Recommended to School Board for Approval: Don H  
Superintendent Signature

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