

**WAYNESBORO AREA SCHOOL DISTRICT**  
**CONFERENCE/WORKSHOP ATTENDANCE REQUEST**

**Procedure:**

1. *Send original form with principal's/supervisor's signature and include a copy of the completed registration form.*
2. *Requests must be first approved by the principal/supervisor and submitted to the Assistant Superintendent for approval at least three weeks in advance of the conference/workshop.*

Name: \_\_\_\_\_

Conference/Workshop Title: \_\_\_\_\_

Date(s): \_\_\_\_\_ Place: \_\_\_\_\_

Organization Sponsoring Conference: \_\_\_\_\_

Purpose for Attendance/Connection to Curriculum, Instruction, Assessment, Student Services (ATTACH SUPPORTING DOCUMENTATION):

\_\_\_\_\_  
 \_\_\_\_\_

Will a substitute(s) be needed: Yes                      No  
 (If yes, please create your absence in AESOP, as soon as you are notified of final approval.)

Estimated Expenses: PLEASE FILL IN ALL ESTIMATED EXPENSES THAT APPLY TO THE CONFERENCE.

Registration Fee	\$ _____
Travel (if private auto, _____ miles @ .575 per mile)	\$ _____
Hotel ( _____ days @ _____ per day)	\$ _____

Meals will be reimbursed for the actual expenditures (no reimbursement for alcoholic beverages) when "Travel Reimbursement" form and original receipts are submitted to the Assistant Superintendent within five days of the conference date.

Original receipts must be provided for reimbursement.

Miscellaneous	\$ _____
Substitute (____ days @ \$90.00 per day) (Cost of substitute must be added to conference total)	\$ _____
<b>TOTAL:</b>	\$ _____

**Supervisor's Comments/Rationale and Recommendation:**

\_\_\_\_\_  
 Signature of Supervisor \_\_\_\_\_ Date: \_\_\_\_\_

<b>ALL REQUESTS ARE TO BE SUBMITTED TO THE ASSISTANT SUPERINTENDENT</b>	
<b>APPROVED:</b> _____	<b>NOT APPROVED:</b> _____
<b>Comment:</b>	