

**WILSON AREA SCHOOL DISTRICT  
OUT OF DISTRICT  
MEETING AND CONFERENCE REQUEST FORM  
2025-2026**

NAME \_\_\_\_\_ DATE \_\_\_\_\_

Name of Conference/Seminar/Workshop \_\_\_\_\_

If other than a Conference/Seminar/Workshop, state purpose of trip: \_\_\_\_\_

Conference/Seminar/Workshop date(s): \_\_\_\_\_ REGISTRATION DEADLINE: \_\_\_\_\_

Location: \_\_\_\_\_ Number of Students Attending: \_\_\_\_\_

**ESTIMATED EXPENSES**

LODGING: Number of nights\* \_\_\_\_\_ @ \$ \_\_\_\_\_ \$ \_\_\_\_\_

MEALS: Number \_\_\_\_\_ \$ \_\_\_\_\_

TRANSPORTATION: Total miles \_\_\_\_\_ by car @ \$.725/mile \$ \_\_\_\_\_

OTHER EXPENSES: Registration\* \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

TOTAL EXPENSES \$ \_\_\_\_\_

**ADVANCES**

ADVANCE CHECK(S): YES \_\_\_\_\_ NO \_\_\_\_\_

Check(s) payable to: \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

NOTE: An Expense Voucher will be issued for completion **UPON RETURN**  
from the Conference/Seminar/Workshop for all expenses incurred.

	APPROVED	DISAPPROVED	DATE
Principal	_____	_____	_____
Business Manager/ Asst. Superintendent	_____	_____	_____
Superintendent	_____	_____	_____

ACCOUNT: \_\_\_\_\_