WILSON AREA SCHOOL DISTRICT
OUT OF DISTRICT
MEETING AND CONFERENCE REQUEST FORM
2026-2027

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: _____