

**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 @ \$.76/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: _____