

For Office Use Only:
P.O. #: _____

**WACHUSETT REGIONAL
SCHOOL DISTRICT**

Request for:

Conference

Visitation

Workshop

Date(s): _____ **Time:** _____

Location: _____

Purpose: _____

Cost: _____ **Substitute needed?:** _____

Requested by: _____ **Date:** _____

School: _____ **Grade/Subject:** _____

FOR OFFICE USE ONLY

Amount of Cost Authorized: _____ **Acct. No.:** _____

Substitute Authorized: ____ Yes ____ No **Time:** _____

Comments: _____

Principal's Signature _____ **Date** _____

Superintendent's Approval/Disapproval:

Approved

Disapproved

Superintendent/Designee Signature _____ **Date** _____

Copies Distributed: White (Accounting), Yellow (Principal), Pink (Employee), Gold (Employee to attach to reimbursement form)