

Northeastern Clinton Central School District
CONFERENCE REQUEST FORM

(Revised 9/14)

NOTE: Requisition forms MUST accompany conference request for ALL expenses.

Name (Faculty/Staff) _____

Building: District Office Special Ed. HS MS RPE ME

Name of Conference/Workshop: _____
(Attach Information i.e. brochure, e-mail etc.)

Date(s) of Conference: _____

Registration Fee: _____ Lodging: _____
(Use separate requisition forms for Registration Fee and Lodging.)

Mileage: _____ Meals: _____ Other: _____
(Include Mileage, Meals and Other on same requisition form with receipts attached. Transportation Request Form necessary for use of school vehicle.)

1. Please log your substitute information on the AESOP System unless school is not in session.
2. In an effort to assure an equal opportunity for all members of a department to attend conferences, please list workshops/conferences you have attended during the last two (2) years. **MUST BE COMPLETED**

Faculty/Staff Member Signature: _____ Date: _____

Building Principal Signature _____ Date: _____

Superintendent's Signature _____ Date: _____

Source of Funding: Genl. Fund / I.S. Grant _____ Special Ed. CVES
Acct. Code: _____

Approved Denied (if Denied returned back to Principal)

Business Manager's Signature: _____

P.O./Check requested _____

Registration/P.O.-Online/faxed/emailed/mailed _____

Date approval e-mailed to Faculty/Staff member _____

Lodging reservation _____ w/Credit Card, P.O. and/or Check _____