

CONFERENCE REQUISITION

LOCKPORT CITY SCHOOL DISTRICT

PLEASE REVIEW THE CONFERENCE PROCEDURES AND REGULATIONS LOCATED ON THE BACK OF THIS FORM PRIOR TO COMPLETING THIS FORM
ALL RELEVANT CONFERENCE MATERIALS MUST BE ATTACHED. FILL IN ALL BLANKS.

EMPLOYEE INFORMATION

CONFERENCE INFORMATION

Name: _____	Title: _____
Signature _____	Day(s), Date(s), Time(s): _____
Address: _____	Sponsor: _____
Today's Date: _____	Location: _____
Building/Location: _____	Will the vendor accept our purchase order? <input type="checkbox"/> Yes, if yes, enter registration fee amount only in section A, then complete section B.
Positions/Title/Grade Level: _____	<input type="checkbox"/> No, If no, enter registration fee amount and any other expenses in section B.
	How much will be funded by the District? <input type="checkbox"/> 50% <input type="checkbox"/> 100%
	Is a substitute teacher required? <input type="checkbox"/> Yes <input type="checkbox"/> No

Please indicate which professional development goal(s) this conference requisition aligns with (check all that apply)

- PROFESSIONAL DEVELOPMENT PLAN**
 DISTRICT / BUILDING STRATEGIC PLAN / SCHOOL IMPROVEMENT

CONFERENCE EXPENSES - PLEASE LIST ALL ANTICIPATED EXPENSES

Budget Code: _____	Section A - Post Conference Payment <i>(only if p.o. will be accepted)</i>	Section B - Staff Member Paid <i>To be reimbursed by District</i>
Registration Fees	_____	_____
Travel (air, train, car)	_____	_____
Lodging	_____	_____
Meals	_____	_____
Misc. (tolls, parking, etc.)	_____	_____
Total Estimated Expenses		
Total Cost of Conference		

AUTHORIZATION

	YES	NO	SIGNATURE	DATE
Principal/Director/Supervisor Recommendation	_____	_____	_____	_____
Executive Director of Educational Services	_____	_____	_____	_____
Superintendent Approval	_____	_____	_____	_____