



700 Liledoun Road  
Taylorsville, NC 28681  
828.632.7001 phone / 828.632.8862 fax  
[www.alexander.k12.nc.us](http://www.alexander.k12.nc.us)  
*Children First*

## FORM TO REQUEST "UP FRONT" PAYMENT OF A WORKSHOP/CONFERENCE REGISTRATION FEE THAT EQUALS OR EXCEEDS \$95.00

School \_\_\_\_\_ Date of Workshop \_\_\_\_\_  
Name of person(s) for whom request is being made

\_\_\_\_\_

Name of workshop \_\_\_\_\_

Amount of Check \$ \_\_\_\_\_ Vendor Number \_\_\_\_\_ Location number \_\_\_\_\_

Check made payable to \_\_\_\_\_

Mailed to:

\_\_\_\_\_

Code \_\_\_\_\_

- A completed registration form is included for each person listed above  
 A leave request, signed by the associate superintendent, is included for each person listed above.

*This instrument has been preaudited in  
the manner required by the school  
budget and fiscal control act.*

\_\_\_\_\_

\*\*\*Please send the request to the finance office at least 3 weeks before the registration is due.\*\*\*

\_\_\_\_\_  
Signature of principal

\_\_\_\_\_  
Date