

Conference Purchase Order

PO# _____

Mail To: _____

People Attending: _____

Name of Conference: _____ Dates: _____

of Subs: _____ Needed for Grades: _____ Dates: _____

Account to Charge Sub Costs: _____

Educational Purpose of Event: _____

Check Payable To: _____

Registration Fee: _____ Housing: _____

Meals/Other Exp: _____ Mileage: _____

TOTAL COST OF CONFERENCE: _____

Account to Charge: _____

Required Information Checklist
(Note: Missing information will result in return of PO)

_____ Registration form completed and attached (1 for each person attending)

_____ Conference information sheet attached

_____ Principal's approval received

Teacher Signature: _____ Date Completed: _____

Principal Signature: _____

Grant Director: _____

Business Manager: _____

Date: _____

Attendees: _____

Topic: _____

Meeting Objectives: _____

Notes: _____

Action Items
