Konocti Unified School District

X Requisition for Purchase Order ☐ **Conference Approval**

PO # Assigned by DO

Please print legibly and complete entire requisition in order to expedite

SECTION A:

Date: March 22, 2016

Luther Burbank Center of the Arts
Vendor's Name

Phone: 707-527-7006

50 Mark West Springs Road Santa Rosa, CA 95403
Address City/State Zip

Fax: 707-546-7020

Teacher's Name Here
Requested By

Pomo Elementary
School/Department

If request is for conference registration, also complete **Section B** and include names of all attendees.
If request is to be funded using **categorical funding**, complete **Section C**.

QTY	UNIT	CATALOG #	DESCRIPTION	UNIT COST	TOTAL
87	Disc.Stud.		Discount Admissions Price - Student	$5.00	$435.00
8	Adult		Free Adult	$0.00	$0.00
4	Adult		Paying Adult	$8.00	$32.00

SECTION B: CONFERENCE INORMATION
Please note that making hotel and travel reservation's is the employee's responsibility.

1. Location: _____
2. Conference Name: _____
3. Dates & # Days Absent: _____
4. Remember to make Sub arrangements through AESOP http://www.aesoponline.com or dial 1.800.942.3767
5. Total Estimated Cost including registration, lodging, mileage, meal, etc: $ _____

BOARD APPROVAL DATE: Required if overnight trip

If attaching order form or quote, attach 3 copies.
Please be sure to complete this section and include 15% for tax and shipping.

SUB-TOTAL	$467.00
TAX – 7.5%	---
SHIPPING	---
TOTAL	$467.00

Coding
This section will be filled out by site admin
_____
_____
_____

_____
Site Administrator Approval Date

_____
Business Office Approval Date

SECTION C: Categorical Programs
Describe how funds are used to supplement existing State, Federal, and LEA efforts. Refer to your School's Single Plan of Student Achievement.

SPSA SECTION #: _____
_____
_____
_____

Lead Teacher/Dept. Chair

President – Site Council

DISTRIBUTION: Send Original and 2 copies to District Office. Attach 3 copies of quote or back-up information

Revised 03/2014