

CARTERET COUNTY SCHOOLS

REQUEST FOR REGISTRATION FEE(S) PAYMENT

Please make check payable to: _____

Vendor number: _____ Date this form was submitted: _____

Title of conference: _____

Location of conference: _____

Date of conference: _____

Amount of check: \$ _____

Please pay from account number: _____

Name(s) of people attending conference:

_____	_____
_____	_____
_____	_____
_____	_____

Principal/Director signature: _____ Date: _____

PLEASE ATTACH COMPLETED REGISTRATION FORMS AND ADDRESSED ENVELOPE, IF ADDRESS IS DIFFERENT FROM PAYEE AND SUBMIT TO FINANCE DEPARTMENT AT LEAST TWO WEEKS PRIOR TO DUE DATE

THIS INSTRUMENT HAS BEEN PRE-AUDITED IN THE MANNER REQUIRED BY THE SCHOOL BUDGET AND FISCAL CONTROL ACT
FINANCE OFFICER

FOR FINANCE DEPARTMENT USE ONLY

PAID	
COMPLETE: _____	PO#: _____
V#: _____	INV#: _____
AMT: _____	DESC: _____
CODE: _____	
CK#: _____	DATE: _____