

Rowan-Salisbury School System
Staff Development **PREPAYMENT REQUEST**

Prepayment of registration is requested for:

Name	School	Activity/Conference/Workshop	Dates of Activity

Amount per person: \$ _____ For: _____ Total Amount Due: _____

Budget Code: _____

Check here if requesting purchase order only.

Make Purchase Order or Check payable to:

_____ Name

_____ Street Address City State Zip Code

*Due Date: _____ (*Please allow a minimum of 4 weeks for prepayment)

Attach the following requirements to this request:

- A copy of the completed and approved Staff Development Participant Request for each person.
- Registration forms to be mailed with check or purchase order.

Supervisor requesting purchase order or prepayment is responsible to ensure that persons listed attend the activity or that a substitute is sent if needed.

_____ Signature of Supervisor Date

_____ Director's Signature (if applicable) Date

For Accounts Payable Department ONLY
This instrument has been preaudited in the manner required by the School Budget & Fiscal Control Act.

_____ Finance Officer Date