

Z. Macias 3-24-17

(F)

Cypress-Fairbanks Independent School District

Dr. Mark Henry, Superintendent

10300 Jones Road
Houston, Texas 77065

(281) 897-4000

P.O. Box 692003
Houston, Texas 77269-2003

PART I: CONSULTANT SERVICES REQUEST FOR APPROVAL

(To be completed and submitted PRIOR to agreement being sent and signed by consultant)

Consultant Name/Company ASCD Contract # (if applicable) _____

Mailing Address of Consultant 1703 North Beauregard Street Alexandria VA 22311

Description of Services (Include date(s), audience, topic) RRR Conference Presentation
Thomas Hoerr 6/6/17

TOTAL ESTIMATED CONSULTANT FEES AND EXPENSES: \$ ~~28,500~~ Hoerr \$6,500

Fund	Function	Class/Object	Subject	Organization	Program/Project	Disbursement Amount	Vendor Number
4617	36	00	881	0000	6291		

Principal/Department Head Signature

Approved by: _____
Assistant Superintendent/Designee

Approved by: _____
Director for Staff Development

Approved by: Z. Macias
Associate Superintendent

PART II: CONSULTANT AGREEMENT (To be completed & signed by both the Principal/Department Head and consultant AFTER APPROVAL)

This is an agreement between ASCD and Cypress-Fairbanks I.S.D., herein known as the District, for the provision of the consultant services described in exchange for the stated compensation.

Description of Services (Include date(s), audience, topic) RRR Conference Presentation
for ASCD Presenters

The District agrees to pay the consultant \$ ~~28,500~~ Hoerr \$6,500 and travel and lodging expenses as allowed by district policy. Travel and lodging expense receipts must be provided for reimbursement. The District will pay the cost of duplication of materials required for this agreement.

It is agreed that the District is not responsible for any other compensation, including but not limited to, health, life, unemployment and workman's compensation insurance and shall be held harmless in any action that might arise regarding personal or professional liability resulting from the consultant's performance of the services described.

This instrument constitutes the entire and only agreement between the parties named and is made and entered this date, 3/23/17.

Initiated By: Z. Macias
Principal/Department Head

In Agreement With: Byron Seuf
Consultant/Organization
52-6078980
Social Security Number/FED ID#
PO Number: _____

PART III: APPLICATION FOR PAYMENT (To be completed and submitted to Accounts Payable AFTER SERVICES are rendered)

ACTUAL CONSULTANT FEE: \$ _____ Travel: \$ _____
Accommodations: \$ _____ Meals: \$ _____

TOTAL ACTUAL FEES AND EXPENSES: \$ ~~28,500~~

Signature: Z. Macias
Principal/Department Head

Please Pay
Hoerr - \$6,500 6/2/17

E *E. Macias* 2-23-17 F

Cypress-Fairbanks Independent School District

Dr. Mark Henry, Superintendent

10300 Jones Road
Houston, Texas 77065

(281) 897-4000

P.O. Box 692003
Houston, Texas 77269-2003

PART I: CONSULTANT SERVICES REQUEST FOR APPROVAL
(To be completed and submitted PRIOR to agreement being sent and signed by consultant)

Consultant Name/Company Legacy Business Cultures Contract # (if applicable) _____
 Mailing Address of Consultant 1290 Bay Dale Dr. Arnold MD 21012
 Description of Services (Include date(s), audience, topic) RRR Conference Presentation on June 7, 2017
 Two 70-minute sessions

TOTAL ESTIMATED CONSULTANT FEES AND EXPENSES: \$ 5,900

Fund	Function	Class/Object	Subject	Organization	Program/Project	Disbursement Amount	Vendor Number
4617	36	00	881	00000	6219		167836

Principal/Department Head Signature *E. Macias*
 Approved by: *And Mac* Assistant Superintendent/Designee
 Approved by: *[Signature]* Director for Staff Development

PART II: CONSULTANT AGREEMENT (To be completed & signed by both the Principal/Department Head and consultant AFTER APPROVAL.)

This is an agreement between Legacy Business Cultures and Cypress-Fairbanks I.S.D., herein known as the District, for the provision of the consultant services described in exchange for the stated compensation.
 Description of Services (Include date(s), audience, topic) RRR Leadership Conference on June 7, 2017

The District agrees to pay the consultant \$ 5900.00 and travel and lodging expenses as allowed by district policy. Travel and lodging expense receipts must be provided for reimbursement. The District will pay the cost of duplication of materials required for this agreement.

It is agreed that the District is not responsible for any other compensation, including but not limited to, health, life, unemployment and workman's compensation insurance and shall be held harmless in any action that might arise regarding personal or professional liability resulting from the consultant's performance of the services described.

This instrument constitutes the entire and only agreement between the parties named and is made and entered this date, 2 / 22 / 2017

Initiated By: *[Signature]* Principal/Department Head
 In Agreement With: *Shirley C. Clark-Mikell*
 Consultant/Organization 31-1548578
 Social Security Number/FED ID# _____
 PO Number: P1738657

PART III: APPLICATION FOR PAYMENT (To be completed and submitted to Accounts Payable AFTER SERVICES are rendered)

ACTUAL CONSULTANT FEE: \$ 1665.00 Travel: \$ 750.00
 Accommodations: \$ 5900 Meals: \$ _____
 TOTAL ACTUAL FEES AND EXPENSES: \$ 16650
 Signature: *And Mac* Principal/Department Head

Please pay
Deposit
3325.00 ASAP
please pay balance
6/21/17 3325.00

X Macias 5-24-18

Cypress-Fairbanks Independent School District

Dr. Mark Henry, Superintendent

10300 Jones Road
Houston, Texas 77065

(281) 897-4000

P.O. Box 692003
Houston, Texas 77269-2003

PART I: CONSULTANT SERVICES REQUEST FOR APPROVAL

(To be completed and submitted PRIOR to agreement being sent and signed by consultant)

Consultant Name/Company ASCD Contract # (if applicable) _____

Mailing Address of Consultant 1703 North Boulevard St, Alexandria, VA 22311

Description of Services (Include date(s), audience, topic) RRR Conference Presenters, Dominigue Smith, [redacted] on June 5-6, 2018

TOTAL ESTIMATED CONSULTANT FEES AND EXPENSES: \$ 22,500 ^{Smith} \$10,500

Fund	Function	Class/Object	Subject	Organization	Program/Project	Disbursement Amount	Vendor Number
4018	36	00	881	0219		22,500	

Principal/Department Head Signature

[Signature: Mark Macias]

Approved by: _____
Assistant Superintendent/Designee

Approved by: _____
Director for Staff Development

Approved by: *[Signature: Mark Macias]*
Associate Superintendent

PART II: CONSULTANT AGREEMENT (To be completed & signed by both the Principal/Department Head and consultant AFTER APPROVAL)

This is an agreement between ASCD and Cypress-Fairbanks I.S.D., herein known as the District, for the provision of the consultant services described in exchange for the stated compensation.

Description of Services (Include date(s), audience, topic) RRR Conference Presenters on June 5-6, 2018, Dominigue Smith, [redacted]

The District agrees to pay the consultant \$ 22,500 and travel and lodging expenses as allowed by district policy. Travel and lodging expense receipts must be provided for reimbursement. The District will pay the cost of duplication of materials required for this agreement.

It is agreed that the District is not responsible for any other compensation, including but not limited to, health, life, unemployment and workman's compensation insurance and shall be held harmless in any action that might arise regarding personal or professional liability resulting from the consultant's performance of the services described.

This instrument constitutes the entire and only agreement between the parties named and is made and entered this date, 1/1/18

Initiated By: *[Signature: Mark Macias]*
Principal/Department Head

In Agreement With: By Sep / ASCD
Consultant/Organization
52-6078980
Social Security Number/FED ID#
PO Number: _____

PART III: APPLICATION FOR PAYMENT (To be completed and submitted to Accounts Payable AFTER SERVICES are rendered)

ACTUAL CONSULTANT FEE: \$ 22,500 Travel: \$ _____
Accommodations: \$ _____ Meals: \$ _____

TOTAL ACTUAL FEES AND EXPENSES: \$ 22,500

Signature: *[Signature: Mark Macias]*
Principal/Department Head

[Signature: D. Smith]

Please
Pay 6/21/18
Final.

\$10,500

L. Macias 4-3-18

Cypress-Fairbanks Independent School District
Dr. Mark Henry, Superintendent

10300 Jones Road
Houston, Texas 77065

(281) 897-4000

P.O. Box 692003
Houston, Texas 77269-2003

PART I: CONSULTANT SERVICES REQUEST FOR APPROVAL

(To be completed and submitted PRIOR to agreement being sent and signed by consultant)

Consultant Name/Company Mary Monte Bacon Images of Culture Contract # (if applicable) _____

Mailing Address of Consultant _____

Description of Services (Include date(s), audience, topic) RRR conference presentation on June 6, 2018

TOTAL ESTIMATED CONSULTANT FEES AND EXPENSES: \$ 2500

Fund	Function	Class/Object	Subject	Organization	Program/Project	Disbursement Amount	Vendor Number
4618	34	00	881	6219		2,500	00127989

Principal/Department Head Signature [Signature]

Approved by: _____ Assistant Superintendent/Designee

Approved by: _____ Associate Superintendent

Approved by: _____ Director for Staff Development

PART II: CONSULTANT AGREEMENT (To be completed & signed by both the Principal/Department Head and consultant AFTER APPROVAL)

This is an agreement between Mary Monte Bacon / Images of Culture and Cypress-Fairbanks I.S.D., herein known as the District, for the provision of the consultant services described in exchange for the stated compensation.

Description of Services (Include date(s), audience, topic) RRR conference on June 6, 2018
Three 70-min sessions

The District agrees to pay the consultant \$ 2500 and travel and lodging expenses as allowed by district policy. Travel and lodging expense receipts must be provided for reimbursement. The District will pay the cost of duplication of materials required for this agreement.

It is agreed that the District is not responsible for any other compensation, including but not limited to, health, life, unemployment and workman's compensation insurance and shall be held harmless in any action that might arise regarding personal or professional liability resulting from the consultant's performance of the services described.

This instrument constitutes the entire and only agreement between the parties named and is made and entered this date, 5/23/18

Initiated By: [Signature] Principal/Department Head

In Agreement With: [Signature] Consultant/Organization
46-438-1173 Social Security Number/FED ID#
PO Number: _____

PART III: APPLICATION FOR PAYMENT (To be completed and submitted to Accounts Payable AFTER SERVICES are rendered)

ACTUAL CONSULTANT FEE: \$ 2500 Travel: \$ 84.00

Accommodations: \$ _____ Meals: \$ _____

TOTAL ACTUAL FEES AND EXPENSES: \$ 2584.00

Signature: [Signature] Principal/Department Head

Please Pay Final

6/19/18

3-30-19

Z. Macias

Cypress-Fairbanks Independent School District

Dr. Mark Henry, Superintendent

10300 Jones Road
Houston, Texas 77065

(281) 897-4000

P.O. Box 692003
Houston, Texas 77269-2003

PART I: CONSULTANT SERVICES REQUEST FOR APPROVAL

(To be completed and submitted PRIOR to agreement being sent and signed by consultant)

Consultant Name/Company Houghton Mifflin Harcourt Contract # (if applicable) 18-03-2010RFP
 Mailing Address of Consultant 14046 Collections Center Chicago IL 60693
 Description of Services (Include date(s), audience, topic) RRR Leadership Conference presentation on June 4+5 (Howard)

TOTAL ESTIMATED CONSULTANT FEES AND EXPENSES: \$ ~~30,650~~ Howard + 8,500

Fund	Function	Class/Object	Subject	Organization	Program/Project	Disbursement Amount	Vendor Number
4609	36	00	881	0000	6291	30,650	0006053

Principal/Department Head Signature

[Signature]

Approved by: _____
Assistant Superintendent/Designee

Approved by: _____
Director for Staff Development

Approved by: *[Signature]*
Associate Superintendent

PART II: CONSULTANT AGREEMENT (To be completed & signed by both the Principal/Department Head and consultant AFTER APPROVAL)

This is an agreement between Houghton Mifflin Harcourt and Cypress-Fairbanks I.S.D., herein known as the District, for the provision of the consultant services described in exchange for the stated compensation.

Description of Services (Include date(s), audience, topic) RRR Leadership Conference June 4+5.

The District agrees to pay the consultant \$ ~~30,650~~ and travel and lodging expenses as allowed by district policy. Travel and lodging expense receipts must be provided for reimbursement. The District will pay the cost of duplication of materials required for this agreement.

Howard - \$8,500

It is agreed that the District is not responsible for any other compensation, including but not limited to, health, life, unemployment and workman's compensation insurance and shall be held harmless in any action that might arise regarding personal or professional liability resulting from the consultant's performance of the services described.

This instrument constitutes the entire and only agreement between the parties named and is made and entered this date, 5/30/19.

Initiated By:

[Signature]
Principal/Department Head

In Agreement With:

[Signature]
Consultant/Organization
04-1456030

Social Security Number/FED ID#

PO Number: P1944878

PART III: APPLICATION FOR PAYMENT (To be completed and submitted to Accounts Payable AFTER SERVICES are rendered)

ACTUAL CONSULTANT FEE: \$ 30,650 Travel: \$ _____

Accommodations: \$ _____ Meals: \$ _____

TOTAL ACTUAL FEES AND EXPENSES: \$ ~~30,650~~

Signature: *[Signature]*
Principal/Department Head

Ready to
Pg 6/20/19

Howard - \$8,500

6-20-19 Judy Kahanie

Cypress-Fairbanks Independent School District

Dr. Mark Henry, Superintendent

10300 Jones Road
Houston, Texas 77065

(281) 897-4000

P.O. Box 692003
Houston, Texas 77269-2003

PART I: CONSULTANT SERVICES REQUEST FOR APPROVAL

(To be completed and submitted PRIOR to agreement being sent and signed by consultant)

Consultant Name/Company Tyrone Howard and [redacted] Houghton Mifflin Harcourt Publishing Company Contract # (if applicable) 15-03-2010 RFP

Mailing Address of Consultant 222 Berkeley St. Boston MA 02116 14046 Collections Center Chicago, IL 60693

Description of Services (Include date(s), audience, topic) Keynote and speaker for District Staff Development on August 12-16, 2019.

TOTAL ESTIMATED CONSULTANT FEES AND EXPENSES: \$ ~~48,400.00~~ Howard \$34,000

Fund Title II	Function	Class/Object	Subject	Organization	Program/Project	Disbursement Amount	Vendor Number
2550	13	F6	999	CO056	10291	\$ 48,400.00	00006053

Principal/Department Head Signature [Signature]

Approved by: [Signature]
Assistant Superintendent/Designee

Approved by: [Signature]
Director for Staff Development

Approved by: _____
Associate Superintendent

PART II: CONSULTANT AGREEMENT

(To be completed & signed by both the Principal/Department Head and consultant AFTER APPROVAL)

This is an agreement between Tyrone Howard and [redacted] Houghton Mifflin Harcourt Publishing Company and Cypress-Fairbanks I.S.D., herein known as the District, for the provision of the consultant services described in exchange for the stated compensation.

Description of Services (Include date(s), audience, topic) Keynote and speaker for District Staff Development on August 12-16, 2019.

The District agrees to pay the consultant \$ ~~48,400.00~~ Howard \$34,000 and travel and lodging expenses as allowed by district policy. Travel and lodging expense receipts must be provided for reimbursement. The District will pay the cost of duplication of materials required for this agreement.

It is agreed that the District is not responsible for any other compensation, including but not limited to, health, life, unemployment and workman's compensation insurance and shall be held harmless in any action that might arise regarding personal or professional liability resulting from the consultant's performance of the services described.

This instrument constitutes the entire and only agreement between the parties named and is made and entered this date,

06 / 21 / 19

Initiated By: [Signature]
Principal/Department Head

In Agreement With: [Signature]
Consultant/Organization
04-1456030
Social Security Number/FED ID#
PO Number: P2000739

PART III: APPLICATION FOR PAYMENT

(To be completed and submitted to Accounts Payable AFTER SERVICES are rendered)

ACTUAL CONSULTANT FEE: \$ 48,400.00 Travel: \$ _____
Accommodations: \$ _____ Meals: \$ _____

TOTAL ACTUAL FEES AND EXPENSES: \$ ~~48,400.00~~ Howard \$34,000

Signature: [Signature]
Principal/Department Head

Cypress-Fairbanks Independent School District

Dr. Mark Henry, Superintendent

10300 Jones Road
Houston, Texas 77065

(281) 897-4000

P.O. Box 692003
Houston, Texas 77269-2003

PART I: CONSULTANT SERVICES REQUEST FOR APPROVAL

(To be completed and submitted PRIOR to agreement being sent and signed by consultant)

Consultant Name/Company ~~Dr. Tyrone Howard~~/Houghton Mifflin Harcourt Publishing Company Contract # (if applicable) 18-03-2010RFP-2

Mailing Address of Consultant 1 Pierce Place, Suite 900W, Rosemead, CA 91064 14046 Collections Center Drive, Chicago, IL 60693

Description of Services (Include date(s), audience, topic) Dates: January 13-16, 2020; Audience: Assistant Principals and Behavior Interventionists; Topic: Cultural Relevance and Disproportionality of Student Discipline in Public Schools

TOTAL ESTIMATED CONSULTANT FEES AND EXPENSES: \$ ~~34,000~~ **\$25,500**

Fund	Function	Class/Object	Subject	Organization	Program/Project	Disbursement Amount	Vendor Number
<u>2550</u>	<u>131</u>	<u>F6</u>	<u>999</u>	<u>000V6</u>	<u>6251</u>		

Principal/Department Head Signature _____

Approved by: [Signature]
Assistant Superintendent/Designee

Approved by: [Signature]
Director for Staff Development

Approved by: [Signature]
Associate Superintendent

PART II: CONSULTANT AGREEMENT (To be completed & signed by both the Principal/Department Head and consultant AFTER APPROVAL)

This is an agreement between Houghton Mifflin Harcourt Publishing Company (Dr. Tyrone Howard) and Cypress-Fairbanks I.S.D., herein known as the District, for the provision of the consultant services described in exchange for the stated compensation.

Description of Services (Include date(s), audience, topic) January 13-16, 2020; audience: campus and district administrators; Topic: Cultural Relevance and Disproportionality of Student Discipline in Public Schools

The District agrees to pay the consultant \$ ~~34,000~~ **25,500** and travel and lodging expenses as allowed by district policy. Travel and lodging expense receipts must be provided for reimbursement. The District will pay the cost of duplication of materials required for this agreement.

It is agreed that the District is not responsible for any other compensation, including but not limited to, health, life, unemployment and workman's compensation insurance and shall be held harmless in any action that might arise regarding personal or professional liability resulting from the consultant's performance of the services described.

This instrument constitutes the entire and only agreement between the parties named and is made and entered this date.

11/6/2019

Initiated By:

[Signature]
Principal/Department Head

In Agreement With:

[Signature]
Consultant/Organization

04-1456030

Social Security Number/FID ID#

PO Number: P2010389

PART III: APPLICATION FOR PAYMENT (To be completed and submitted to Accounts Payable AFTER SERVICES are rendered)

ACTUAL CONSULTANT FEE: \$ 25,500 Travel: \$

Accommodations: \$ _____ Meals: \$ _____

TOTAL ACTUAL FEES AND EXPENSES: \$ 25,500 ✓

Signature: [Signature] 3/23/2020
Principal/Department Head

Cypress-Fairbanks Independent School District

Dr. Mark Henry, Superintendent

10300 Jones Road
Houston, Texas 77065

(281) 897-4000

P.O. Box 692003
Houston, Texas 77269-2003

PART I: CONSULTANT SERVICES REQUEST FOR APPROVAL

(To be completed and submitted PRIOR to agreement being sent and signed by consultant)

Consultant Name/Company:	International Center for Leadership in Education from Houghton Mifflin Harcourt
Mailing Address:	14046 Collections Center Drive, Chicago IL 60693
Description of Services: (Include dates, audience, location and topic)	4-Hour Virtual Presentation with Dr. Tyrone Howard, November 7, 2020 8:00 a.m. - 12:00 p.m. CST TOPIC: Teaching with Equity. Audience: Campus Administrators, Teachers, Paraprofessionals and District Administrators

Total Estimated Expenses: \$							
Fund	Function	Class/Object	Subject	Organization	Program/Project	Disbursement Amount	Vendor Number
2241	13	D8	899	F02W8	6291	7,000.00	00006053

Approvals:

Principal/Department Head: Lauri Barnes

Assistant Superintendent/Designee: Barbara Levandoski

Associate Superintendent: Linda Macias

Director of Staff Development: Glenda Horner

PART II: CONSULTANT AGREEMENT *(To be completed & signed by both the Principal/Department Head and consultant AFTER APPROVAL)*

This is an agreement between International Center for Leadership in Education from Houghton Mifflin Harcourt and Cypress-Fairbanks I.S.D., herein known as the District, for the provision of the consultant services described in exchange for the stated compensation.

Description of Services: (Include dates, audience, location and topic)	4-Hour Virtual Presentation with Dr. Tyrone Howard, November 7, 2020 8:00 a.m. - 12:00 p.m. CST TOPIC: Teaching with Equity. Audience: Campus Administrators, Teachers, Paraprofessionals and District Administrators
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The District agrees to pay the consultant \$ 7,000.00 for the Virtual Presentation. The District will pay the cost of duplication of materials required for this agreement.

It is agreed that the District is not responsible for any other compensation, including but not limited to, health, life, unemployment and workman's compensation insurance and shall be held harmless in any action that might arise regarding personal or professional liability resulting from the consultant's performance of the services described.

This instrument constitutes the entire and only agreement between the parties named and is made and entered this date, 10/17/2020

Initiated By:

In Agreement with:

Department Head Signature

Consultant/Organization Signature

04-1456030

Social Security Number/FED ID #

PART III: APPLICATION FOR PAYMENT *(To be completed and submitted to Accounts Payable AFTER SERVICES are rendered)*

ACTUAL CONSULTANT FEE: \$ 7,000.00 Travel: \$ _____
Accommodations: \$ _____ Meals: \$ _____

TOTAL ACTUAL FEES & EXPENSES: \$ 7,000.00

PURCHASE ORDER #: P2114238

Department Head Signature

* Please return to: Diana Flores ILC South, - SPEN

Cypress-Fairbanks Independent School District

Dr. Mark Henry, Superintendent

10300 Jones Road
Houston, Texas 77065

(281) 897-4000

P.O. Box 692003
Houston, Texas 77269-2003

PART I: CONSULTANT SERVICES REQUEST FOR APPROVAL

(To be completed and submitted PRIOR to agreement being sent and signed by consultant)

Consultant Name/Company:	The Howard Group
Mailing Address:	29551 Hacienda Drive, Valencia, CA 91354
Description of Services: (Include dates, audience, location and topic)	February 15, 2021; Dr. Tyrone Howard will present Keynote Race & Culture in the Classroom Virtual 4-Hour & Q & A; 8:00 a.m. – 12:00 p.m. Audience: Administrators & Teachers District-wide

Total Estimated Expenses: \$7500.00

Fund	Function	Class/Object	Subject	Organization	Program/Project	Disbursement Amount	Vendor Number
2241	13	D8	899	F02W8	6299		

Approvals:

Principal/Department Head: Lauri Barnes *[Signature]*

Assistant Superintendent/Designee: Barbara Levandoski *[Signature]*

Associate Superintendent: Linda Macias *[Signature]*

Director of Staff Development: Glenda Horner *[Signature]*

PART II: CONSULTANT AGREEMENT (To be completed & signed by both the Principal/Department Head and consultant AFTER APPROVAL)

This is an agreement between The Howard Group and Cypress-Fairbanks I.S.D., herein known as the District, for the provision of the consultant services described in exchange for the stated compensation.

Description of Services: (Include dates, audience, location and topic)	February 15, 2021; Dr. Tyrone Howard will present Keynote Race & Culture in the Classroom Virtual 4-Hour & Q & A, 8:00 a.m. – 12:00 p.m. Audience: Administrators & Teachers District-wide
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The District agrees to pay the consultant \$ 7500.00 for the Virtual 4-hour Presentation, February 15, 2021. The District will pay the cost of duplication of materials required for this agreement.

It is agreed that the District is not responsible for any other compensation, including but not limited to, health, life, unemployment and workman's compensation insurance and shall be held harmless in any action that might arise regarding personal or professional liability resulting from the consultant's performance of the services described.

This instrument constitutes the entire and only agreement between the parties named and is made and entered this date, 1/11/2021.
In Agreement with:

Initiated By:

[Signature]
Department Head Signature

[Signature]
Consultant/Organization Signature

38-3979518

Social Security Number/FED ID #

PART III: APPLICATION FOR PAYMENT (To be completed and submitted to Accounts Payable AFTER SERVICES are rendered)

ACTUAL CONSULTANT FEE: \$ _____ **Travel:** \$ _____

Accommodations: \$ _____ **Meals:** \$ _____

TOTAL ACTUAL FEES & EXPENSES: \$ _____

PURCHASE ORDER #: P2138672

[Signature]
Department Head Signature

Please return to Diana Flores @ ISD