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Date:
Cost Center
P.O. Number
Customer
Invoice

p 18 39 441 2/14/2018 545

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Serving Texas Schools Since 1949

INVOICE

Mark Henry CYPRESS-FAIRBANKS ISD PO BOX 692003 HOUSTON TX 77269-2003

Notes:			Terms Due Date	Net 30 Days 3/16/2018	
Qty 3.00	Units PG	Description Local District Update Unique Policy Changes		Unit Price 32.00	Total 96.00
1.00	СР	Printing Charges 2018.01		2.24	2.24
		DEA, DEC			

Subtotal	\$98.24
Тах	
Balance Due	\$98.24

REMITTANCE			TASB, Inc.			Custo	omer		1101907
		PO Box	PO Box 975112			Invoice			539478
			Dallas, TX 75397-5112			Balan	ice Due		\$98.24
Payment Amount				Check	< Enclose	ed	YES	NO	
To pay by credit card (VISA/MC/AMEX), please complete all of the following information:									
Card Number			Exp E					CVV#	
Cardholder Name		Billing	Street						
Billing Zip	Phone #								
Signature					Date				
Email Address for									
credit card receipt									
Credit card payments can be received at our secure fax number (512) 467-3515.									

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P.O. Box 400 • Austin, Texas 78767-0400 12007 Research Blvd. • Austin, Texas 78759-2439 512.467.0222 • 800.580.8272 • www.tasb.org

Serving Texas Schools Since 1949

INVOICE

Mark Henry CYPRESS-FAIRBANKS ISD PO BOX 692003 HOUSTON TX 77269-2003



Notes:			Terms Due Date	Net 30 Days 3/30/2018	
Qty 3.00	Units PG	Description Local District Update Unique Policy Changes		Unit Price 32.00	Total 96.00
1.00	СР	Printing Charges 2018.02		1.40	1.40
		BBFA(E), BJCF(E)			
1.00	PG	Local District Update Unique Policy Changes		32.00	32.00
1.00	CP	Printing Charges 2018.01		0.84	0.84
		FD			

Subtotal	\$130.24
Tax	
Balance Due	\$130.24

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P.O. Box 400 • Austin, Texas 78767-0400 12007 Research Blvd. • Austin, Texas 78759-2439 512.467.0222 • 800.580.8272 • www.tasb.org

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Serving Texas Schools Since 1949

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Cost Center

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MAR 19

Mark Henry CYPRESS-FAIRBANKS ISD PO BOX 692003 HOUSTON TX 77269-2003

Notes:		Terms Due Date	Net 30 Days 4/11/2018	
		Description	Unit Price	Total
Qty	Units			

RECEIVED MAR 2 0 2018

Subtotal	\$140.00
Тах	
Balance Due	\$140.00

REMITTANCE			TASB, Inc. PO Box 975112 Dallas, TX 75397-5112			1	Custo Invoio Balar			1101907 540393 \$140.00
Payment Amount			·		Check	Enclos		YES	NO	
To pay	To pay by credit card (VISA/MC/AMEX), please complete all of the following information:									
Card Number				Exp D)ate				CVV#	
Cardholder Name			Billing	Street						
Billing Zip		Phone #			1					
Signature		1				Date				
Email Address for										
credit card receipt							154	0) 407 25	4 5	
Credit card payments can be received at our secure fax number (512) 467-3515.										

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Page: Date: Cost Center P.O. Number Customer Invoice 1 9/1/2017 546

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Serving Texas Schools Since 1949

INVOICE

Lisa Shive CYPRESS-FAIRBANKS ISD PO BOX 692003 HOUSTON TX 77269-2003

Notes:			Terms Due Date	Net 30 Days 10/1/2017	
Qty	Units	Description		Unit Price	Total
1.00	EA	BoardBook Subscription		1,000.00	1,000.00

09/01/2017 - 08/31/2018 Billing Cycle

Subtotal	\$1,000.00
Tax	
Balance Due	\$1,000.00

REMITTANCE			TASB, Inc.				Customer			1101907
				PO Box 975112				Invoice		529940
		Dallas, T	X 753	97-511	2	Balan	ce Due		\$1,000.00	
Payment Amount					(Enclo	sed	YES	NO		
To pay by credit card (VISA/MC/AMEX), please complete all of the following information:										
Card Number				Exp D		1	****		CVV#	
Cardholder Name			Billing	Street						
Dilling 7ig	Phone	e #								
Billing Zip	THOM	u m								
Signature	2*************************************		Dat			Date				
		1995 Barger (and 1996 Barger))					
Email Address for										
credit card receipt										
Cı	redit card payments can be	e recei	ved at o	ur secu	ire fax	numb	er (51)	() 40/-35	15.	

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Serving Texas Schools Since 1949

INVOICE

Mark Henry CYPRESS-FAIRBANKS ISD PO BOX 692003 HOUSTON TX 77269-2003

P1846634

Page: Date: Cost Center P.O. Number Customer Invoice 1 3/20/2018 545

> 1101907 541153

RECEIVED MAR 2 7 2018

Notes:			Terms Due Date	Net 30 Days 4/19/2018	
Qty 1.00	Units EA	Description Local District Update Base Version Policy Changes		Unit Price 18.00	Total 18.00
2.00	PG	Local District Update Unique Policy Changes		32.00	64.00
1.00	СР	Printing Charges 2018.04		1.40	1.40
		CNA, CO, FFI			

Subtotal	\$83.40
Tax	
Balance Due	\$83.40

R		PO Box 975112 Dallas, TX 75397-5112				1101907 541153 \$83.40	
Payment Amount		-	Check Enc		YES	NO	
To pay	by credit card (VISA/MC/A	MEX), please comp	ete all of the	e follow	ving inform	nation:	
Card Number		Exp [Date			CVV#	
Cardholder Name		Billing Street					
Billing Zip	Phone	#					
Signature		1	Date	;			
Email Address for							
credit card receipt Credit card payments can be received at our secure fax number (512) 467-3515.							

1348331



Serving Texas Schools Since 1949

INVOICE

Mark Henry CYPRESS-FAIRBANKS ISD PO BOX 692003 HOUSTON TX 77269-2003

Notes:			Terms Due Date	Net 30 Days 5/27/2018	
Qty 2.00	Units PG	Description Local District Update		Unit Price 32.00	Total 64.00
1.00	СР	Unique Policy Changes Printing Charges		1.40	1.40
		2018.05 EED, EHBAF			

Subtotal	\$65.40
Тах	
Balance Due	\$65.40

stub and re TASB, I							
	nc.		Cus	Customer		1101907	
			Invo	oice		541907	
Dallas,	TX 753	97-5112	Bala	ance Due		\$65.40	
		Check	Enclosed	YES	NO		
EX), please	compl	ete all o	f the follo	wing inform	mation:		
	Exp D)ate			CVV#		
L D'III		1					
Billing	Street						
		T _	Data			100 P 10 10 10 10 10 10 10 10 10 10 10 10 10	
		L	Jate				
	4						
credit card receipt Credit card payments can be received at our secure fax number (512) 467-3515.							
	PO Box Dallas, ⁻ EX), please Billing	PO Box 975112 Dallas, TX 753 EX), please comple Exp D Billing Street	PO Box 975112 Dallas, TX 75397-5112 Check EX), please complete all o Exp Date Billing Street	PO Box 975112 Invo Dallas, TX 75397-5112 Bala Check Enclosed EX), please complete all of the follow Exp Date Billing Street Date	PO Box 975112 Invoice Dallas, TX 75397-5112 Balance Due Check Enclosed YES EX), please complete all of the following inform Exp Date Billing Street Date	PO Box 975112 Invoice Dallas, TX 75397-5112 Balance Due Check Enclosed YES NO EX), please complete all of the following information: CVV# Billing Street CVV# Date Date	

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Page: Date: Cost Center P.O. Number Customer Invoice

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INVOICE

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Page: Date: Cost Center P.O. Number Customer Invoice

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> 463208 542332

έ.,

MAY 2 5 2018

MARNEY COLLINS SIMS CYPRESS-FAIRBANKS ISD 10300 JONES RD HOUSTON TX 77065

Notes:			Terms Due Date	Net 30 Days 7/1/2018	
Qty 1.00	Units YR	Description Council of School Attorneys Annual Membership		Unit Price 320.00	Total 320.00
		July 1, 2018 - June 30, 2019			

A NEW APPLICATION MUST BE SUBMITTED EACH YEAR TO BE ELIGIBLE FOR CSA MEMBERSHIP.

Subtotal	\$320.00
Tax	
Balance Due	\$320.00

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REMITTANCE		TASB, Inc.				Customer			463208	
			PO Box	975112	2		Invoic	е		542332
			Dallas, TX 75397-5112			2	Balan	ce Due		\$320.00
Payment Amount					Check			YES	NO	
To pay	by credit card (VIS	A/MC/AMEX	(), please	comple	ete all c	of the t	followi	ing inform	mation:	
Card Number				Exp D	late				CVV#	
Cardholder Name			Billing	Street		1				
Billing Zip		Phone #								
Signature						Date				
Email Address for										
credit card receipt										
Credit card payments can be received at our secure fax number (512) 467-3515.										

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Serving Texas Schools Since 1949

INVOICE

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Marney Collins Sims CYPRESS-FAIRBANKS ISD PO BOX 692003 HOUSTON TX 77269-2003

PI	860	78	3
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Page: 1 6/1/2018 Date: Cost Center 520 P.O. Number Customer 542564 Invoice

MAY 2 5 2018

1101907

Net 30 Days Terms Notes: 7/1/2018 Due Date Unit Price Total Units Description Qty 600.00 600.00 1.00 EA Legal Research Library-CSA Subscription Renewal July 1, 2018 - June 30, 2019 Note: The fee reflected on this invoice is based on the number of school attorneys in your firm. If this information has changed, please refer to the fee information on the enclosed

subscription form.

Subtotal	\$600.00
Tax	
Balance Due	\$600.00

	riease uei	ach uns su	in and ici	unnu	with yo	ui puj	monte.			
REMITTANCE			TASB, Inc.			Customer			1101907	
			PO Box 975112				Invoid	ce		542564
			Dallas, 1	X 753	97-5112	2	Balar	nce Due		\$600.00
Payment Amount					Check	Enclo	sed	YES	NO	
	by credit card (VIS)	A/MC/AMEX), please	compl	ete all o	of the	follow	ing inform	mation:	
Card Number				Exp D					CVV#	
Cardholder Name			Billing	Street		-				
Billing Zip		Phone #		2						
Signature						Date	~			
Email Address for										
credit card receipt										
Credit card payments can be received at our secure fax number (512) 467-3515.										

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Page:	1
Date:	5/23/2018
Cost Center	525
P.O. Number	1819473
Customer	1101907
Invoice	543709

INVOICE

MAY 30 2018

CYPRESS-FAIRBANKS ISD PO BOX 692003 HOUSTON TX 77269-2003

JUN 1 2 2018

Notes:			Terms Due Date	Net 30 Days 6/22/2018	
Qty 1.00	Units EA	Description Consulting Services Individual District Services		Unit Price 14,000.00	Total 14,000.00
		Pay Systems Review			
1.00	EA	ATTENTION: Lisa Nevins Travel Reimbursement Individual District Services		496.03	496.03
		Expenses for Ann Patton, TASB Con	sultant - two trips to dist	rict.	

Subtotal	\$14,496.03
Tax	
Balance Due	\$14,496.03

Please detach this stub and return it with your payment. 1101907 Customer TASB, Inc. REMITTANCE 543709 PO Box 975112 Invoice \$14,496.03 Balance Due Dallas, TX 75397-5112 YES NO Check Enclosed Payment Amount To pay by credit card (VISA/MC/AMEX), please complete all of the following information: CVV# Exp Date Card Number Billing Street Cardholder Name Phone # **Billing Zip** Date Signature Email Address for credit card receipt Credit card payments can be received at our secure fax number (512) 467-3515.

снеск# 1351837	· CHI	ECK DATE 06/07/	18	VENDOR# 00108470
Account	Purchase Order	Invoice Number	Description	Amount
199841V8903N0000 6299	P1839255	P1839255	KATY, NINA, MONICA	1,500.00

TASB



Cypress-Fairbanks Independent School District Houston, TX 77269-2003

CHECK DATE	CHECK NUMBER
06/07/18	1351837

AMOUNT \$

****1,500.00*

 \mathbf{P}_{AY} the sum of one thousand, five hundred dollars & zero cents

** THIS IS NOT A CHECK **

** THIS IS NOT A CHECK **

TO THE TASB ORDER PO BOX 975112 OF DALLAS TX 75397-5112

JPMorgan Chase Bank, N.A. Dallas, Texas

> TASB PO BOX 975112 DALLAS TX 75397-5112

Michelle-Hold & see if invoice shows up.



Cypress-Fairbanks Independent School District

PURCHASE ORDER NO. P1839255 The IMPORTANT: Show this number on all invoices, packages, delivery tickets, and other correspondence.

PAGE NO. 1

Invoice to: Attn: Accounts Payable P.O. Box 692003 Houston, TX 77269-2003

V 00108470 E TASB N PO BOX 975112 O DALLAS TX 75397-5112 R The District Is Exempt by Law from State Sales Tax. EIN: 74-6000654

S ISC-N H REC'G HRS MON-FRI 7-3 MAIL CTR #18 P 10300 JONES RD T HOUSTON TX 77065

ATTN: DONNA SCHMITT FAX PHONE ORDER DATE: 02/20/18 BUYER: DONNA SCHMITT REQ. NO: 0 REQ. DATE: CONTRACT/BID: WORKSHOPS TERMS: NET 45 DAYS FOB: PAID BY VENDOR EXTENSION UNIT PRICE DESCRIPTION QUANTITY UOM ITEM# 1,500.00 250.0000 6.00 EACHKATY, NINA, MONICA 01 TASB WORKSHOPS MANAGIING STATE AND FEDERAL LEAVE GET A GRIP ON THE FMLA RECEIVED FEB 2.2 2018 PAGE TOTAL \$ 1,500.00 PROJECT ITEM# ACCOUNT AMOUNT 1,500.00 TOTAL \$ 1,500.00 01 199841V8903N0000 6299 **Contract Terms and Conditions** Invoice will be paid within 45 days of when the goods were received, the services were completed, or the invoice for goods or services was received. CFISD reserves the right to cancel order if not filled within reasonable time. Conditions of this order cannot be modified. Charges for freight, handling, boxing, and/or insurance are not allowed, unless previously agreed upon and written on the Purchase Order. The District will not accept freight collect or C.O.D. orders. Acceptance of this order includes acceptance of all items, prices, delivery instructions, specifications, and conditions stated.

Donna Schmitt

From: Sent: To: Subject: Kathleen Corbett Wednesday, February 21, 2018 1:59 PM Donna Schmitt FW: Registration Confirmation - Managing State and Federal Leave - Cypress Fairbanks ISD

Katy Corbett Assistant Director, Human Resources Records, Leave, Credentials & Compensation Cypress-Fairbanks ISD 10300 Jones Road, Suite 217 281-897-1349 Office 281-897-3861 Fax kathleen.corbett@cfisd.net

-----Original Message-----From: registrar@tasb.org [mailto:registrar@tasb.org] Sent: Tuesday, February 20, 2018 2:07 PM To: Kathleen Corbett <Kathleen.corbett@cfisd.net> Cc: registrar@tasb.org; hrservices@tasb.org Subject: Registration Confirmation - Managing State and Federal Leave - Cypress Fairbanks ISD

Your registration has been received for the Managing State and Federal Leave workshop to be held June 5, 2018 at the TASB Headquarters - Riata Gateway, 12007 Research Blvd., Austin, TX 78759. This is the only confirmation you will receive. Please print a copy for your records.

The workshop starts at 9 a.m. and will end at 4 p.m. Lunch is included.

Directions to the TASB offices: Northbound: From Hwy 183, take the Duval Road exit. Go through the light at Duval, 0.5 miles to 12007 Research Blvd. on your right.

Southbound: From Hwy 183, take the Duval Road exit, make a U-turn under 183 to the northbound access road. Go 0.5 miles to 12007 Research Blvd. on your right.

For a map go to https://www.tasb.org/Training/Austin-Resources.aspx.

Event: Managing State and Federal Leave Date: June 5, 2018 Location: TASB Headquarters - Riata Gateway, Austin

This registration was submitted by Katy Corbett, phone (281) 897-1349.

Attendee: Katy Corbett Title: Assistant Director HR District/Organization: Cypress Fairbanks ISD E-Mail Address: kathleen.corbett@cfisd.net Attendee Type: HR Administrator

1

Donna Schmitt

From:Nina BurnettSent:Tuesday, February 20, 2018 2:13 PMTo:Donna SchmittSubject:FW: Registration Confirmation - Managing State and Federal Leave - Cypress FairbanksISD

Nina Burnett Leave Specialist Human Resources Department Cypress-Fairbanks I.S.D. 10300 Jones Road Suite 217 Houston, TX 77065 (T) 281-897-4396 (F) 281-897-3861 (E) nina.burnett@cfisd.net

-----Original Message-----From: registrar@tasb.org [mailto:registrar@tasb.org] Sent: Tuesday, February 20, 2018 2:06 PM To: Nina Burnett <NINA.BURNETT@cfisd.net> Cc: registrar@tasb.org; hrservices@tasb.org Subject: Registration Confirmation - Managing State and Federal Leave - Cypress Fairbanks ISD

Your registration has been received for the Managing State and Federal Leave workshop to be held June 5, 2018 at the TASB Headquarters - Riata Gateway, 12007 Research Blvd., Austin, TX 78759. This is the only confirmation you will receive. Please print a copy for your records.

The workshop starts at 9 a.m. and will end at 4 p.m. Lunch is included.

Directions to the TASB offices: Northbound: From Hwy 183, take the Duval Road exit. Go through the light at Duval, 0.5 miles to 12007 Research Blvd. on your right.

Southbound: From Hwy 183, take the Duval Road exit, make a U-turn under 183 to the northbound access road. Go 0.5 miles to 12007 Research Blvd. on your right.

For a map go to https://www.tasb.org/Training/Austin-Resources.aspx.

Event: Managing State and Federal Leave Date: June 5, 2018 Location: TASB Headquarters - Riata Gateway, Austin

This registration was submitted by Nina Burnett, phone (281) 897-4396.

Attendee: Nina Burnett Title: Leave Specialist

Monica Hamlin

From:	registrar@tasb.org
Sent:	Tuesday, February 20, 2018 2:03 PM
То:	Monica Hamlin
Cc:	registrar@tasb.org; hrservices@tasb.org
Subject:	Registration Confirmation - Managing State and Federal Leave - Cypress Fairbanks ISD

Your registration has been received for the Managing State and Federal Leave workshop to be held June 5, 2018 at the TASB Headquarters - Riata Gateway, 12007 Research Blvd., Austin, TX 78759. This is the only confirmation you will receive. Please print a copy for your records.

The workshop starts at 9 a.m. and will end at 4 p.m. Lunch is included.

Directions to the TASB offices: Northbound: From Hwy 183, take the Duval Road exit. Go through the light at Duval, 0.5 miles to 12007 Research Blvd. on your right.

Southbound: From Hwy 183, take the Duval Road exit, make a U-turn under 183 to the northbound access road. Go 0.5 miles to 12007 Research Blvd. on your right.

For a map go to https://www.tasb.org/Training/Austin-Resources.aspx.

Event: Managing State and Federal Leave Date: June 5, 2018 Location: TASB Headquarters - Riata Gateway, Austin

This registration was submitted by Monica Hamlin, phone (281) 897-4038.

Attendee: Monica Hamlin Title: Leave Specialist District/Organization: Cypress Fairbanks ISD E-Mail Address: monica.hamlin@cfisd.net Attendee Type: HR Personnel Badge Name: Monica Hamlin

Attendee Functions: Non-Member Registration (\$250.00)

Attendee Charges: \$250.00 Payment Method: Purchase Order

Please send a copy of your purchase order along with a check payable to TASB, Inc. for \$250.00 to: Texas Association of School Boards, Inc. Managing State and Federal Leave P.O. Box 975112 Dallas, TX 75397-5112

Cancellation Policy: For a full refund, your written cancellation must reach TASB by May 25, 2018. If your cancellation reaches TASB after that date but by May 30, 50 percent of your registration fee will be refunded.

Monica Hamlin

4

From:	registrar@tasb.org
Sent:	Tuesday, February 20, 2018 2:09 PM
То:	Monica Hamlin
Cc:	registrar@tasb.org; hrservices@tasb.org
Subject:	Registration Confirmation - Get a Grip on the Family and Medical Leave Act (FMLA) -
-	Cypress Fairbanks ISD

Your registration has been received for the Get a Grip on the Family Medical Leave Act (FMLA) workshop to be held June 6, 2018 at the TASB Headquarters - Riata Gateway, 12007 Research Blvd., Austin, TX 78759. This is the only confirmation you will receive. Please print a copy for your records.

The workshop starts at 9 a.m. and will end at 4 p.m. Lunch is included.

Directions to the TASB offices: Northbound: From Hwy 183, take the Duval Road exit. Go through the light at Duval, 0.5 miles to 12007 Research Blvd. on your right.

Southbound: From Hwy 183, take the Duval Road exit, make a U-turn under 183 to the northbound access road. Go 0.5 miles to 12007 Research Blvd. on your right.

For a map go to https://www.tasb.org/Training/Austin-Resources.aspx.

Event: Get a Grip on the Family and Medical Leave Act (FMLA) Date: June 6, 2018 Location: TASB Headquarters - Riata Gateway, Austin

This registration was submitted by Monica Hamlin, phone (281) 897-4038.

Attendee: Monica Hamlin Title: Leave Specialist District/Organization: Cypress Fairbanks ISD E-Mail Address: monica.hamlin@cfisd.net Attendee Type: HR Personnel Badge Name: Monica Hamlin

Attendee Functions: Non-Member Registration (\$250.00)

Attendee Charges: \$250.00 Payment Method: Purchase Order

Please send a copy of your purchase order along with a check payable to TASB, Inc. for \$250.00 to: Texas Association of School Boards, Inc. Get a Grip on the Family and Medical Leave Act (FMLA) P.O. Box 975112 Dallas, TX 75397-5112

Cancellation Policy:

For a full refund, your written cancellation must reach TASB by May 28, 2018.

If your cancellation reaches TASB after that date but by May 31, 50 percent of your registration fee will be refunded. No refunds will be provided after May 31, but you may send another representative from your district or organization in your place.

Donna Schmitt

· .

From: Sent: To: Subject: Nina Burnett Tuesday, February 20, 2018 2:13 PM Donna Schmitt FW: Registration Confirmation - Get a Grip on the Family and Medical Leave Act (FMLA) - Cypress Fairbanks ISD

Nina Burnett Leave Specialist Human Resources Department Cypress-Fairbanks I.S.D. 10300 Jones Road Suite 217 Houston, TX 77065 (T) 281-897-4396 (F) 281-897-3861 (E) nina.burnett@cfisd.net

-----Original Message-----From: registrar@tasb.org [mailto:registrar@tasb.org] Sent: Tuesday, February 20, 2018 2:10 PM To: Nina Burnett <NINA.BURNETT@cfisd.net> Cc: registrar@tasb.org; hrservices@tasb.org Subject: Registration Confirmation - Get a Grip on the Family and Medical Leave Act (FMLA) - Cypress Fairbanks ISD

Your registration has been received for the Get a Grip on the Family Medical Leave Act (FMLA) workshop to be held June 6, 2018 at the TASB Headquarters - Riata Gateway, 12007 Research Blvd., Austin, TX 78759. This is the only confirmation you will receive. Please print a copy for your records.

The workshop starts at 9 a.m. and will end at 4 p.m. Lunch is included.

Directions to the TASB offices: Northbound: From Hwy 183, take the Duval Road exit. Go through the light at Duval, 0.5 miles to 12007 Research Blvd. on your right.

Southbound: From Hwy 183, take the Duval Road exit, make a U-turn under 183 to the northbound access road. Go 0.5 miles to 12007 Research Blvd. on your right.

For a map go to https://www.tasb.org/Training/Austin-Resources.aspx.

Event: Get a Grip on the Family and Medical Leave Act (FMLA) Date: June 6, 2018 Location: TASB Headquarters - Riata Gateway, Austin

This registration was submitted by Nina Burnett, phone (281) 897-4396.

Attendee: Nina Burnett Title: Leave Specialist

1

Donna Schmitt

From:Kathleen CorbettSent:Wednesday, February 21, 2018 1:59 PMTo:Donna SchmittSubject:FW: Registration Confirmation - Get a Grip on the Family and Medical Leave Act (FMLA)
- Cypress Fairbanks ISD

Katy Corbett Assistant Director, Human Resources Records, Leave, Credentials & Compensation Cypress-Fairbanks ISD 10300 Jones Road, Suite 217 281-897-1349 Office 281-897-3861 Fax kathleen.corbett@cfisd.net

-----Original Message-----From: registrar@tasb.org [mailto:registrar@tasb.org] Sent: Tuesday, February 20, 2018 2:11 PM To: Kathleen Corbett <Kathleen.corbett@cfisd.net> Cc: registrar@tasb.org; hrservices@tasb.org Subject: Registration Confirmation - Get a Grip on the Family and Medical Leave Act (FMLA) - Cypress Fairbanks ISD

Your registration has been received for the Get a Grip on the Family Medical Leave Act (FMLA) workshop to be held June 6, 2018 at the TASB Headquarters - Riata Gateway, 12007 Research Blvd., Austin, TX 78759. This is the only confirmation you will receive. Please print a copy for your records.

The workshop starts at 9 a.m. and will end at 4 p.m. Lunch is included.

Directions to the TASB offices: Northbound: From Hwy 183, take the Duval Road exit. Go through the light at Duval, 0.5 miles to 12007 Research Blvd. on your right.

Southbound: From Hwy 183, take the Duval Road exit, make a U-turn under 183 to the northbound access road. Go 0.5 miles to 12007 Research Blvd. on your right.

For a map go to https://www.tasb.org/Training/Austin-Resources.aspx.

Event: Get a Grip on the Family and Medical Leave Act (FMLA) Date: June 6, 2018 Location: TASB Headquarters - Riata Gateway, Austin

This registration was submitted by Katy Corbett, phone (281) 897-1349.

Attendee: Katy Corbett Title: Assistant Director HR District/Organization: Cypress Fairbanks ISD E-Mail Address: kathleen.corbett@cfisd.net Attendee Type: HR Personnel



Serving Texas Schools Since 1949

INVOICE

Page:

Date: Cost Center

P.O. Number

Customer

Invoice

Mark Henry CYPRESS-FAIRBANKS ISD PO BOX 692003 HOUSTON TX 77269-2003

AUG 0 3 2018

Notes:		e e e e e e e e e e e e e e e e e e e	Terms Due Date	Net 30 Days 10/1/2018	
Otu	Units	Description		Unit Price	Total
Qty				1,500.00	1,500.00
1.00	EA	Policy Service Membership		1,500.00	1,000.00

Po# P1902737

Renewal 9/1/2018-8/31/2019

Subtotal	\$1,500.00
Тах	
Balance Due	\$1,500.00

Please detach this stub and return it with your payment.

R	EMITTANCE	TASB, Inc.	. /	Cust	omer		1101907
		PO Box 975112	$2 \vee$	Invoi	се		548220
		Dallas, TX 753	97-5112	Bala	nce Due		\$1,500.00
Payment Amount			Check En		YES	NO	
To pay	by credit card (VISA/MC/AME)	(), please compl	ete all of th	ne follow	ving inform	nation:	
Card Number		Exp [Date			CVV#	
Cardholder Name		Billing Street					
Billing Zip	Phone #						
Signature			Dat	te			
Email Address for							
credit card receipt				1	0) 407 25	4 5	
C	redit card payments can be rec	eived at our sec	ure fax nui	mber (51	2) 467-35	15.	

1 9/1/2018 545

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INVOICE

Mark Henry CYPRESS-FAIRBANKS ISD PO BOX 692003 HOUSTON TX 77269-2003 P1902742

Page: Date: Cost Center P.O. Number Customer Invoice 1 9/1/2018 545

1101907 549246

AUG 0 3 2018

Notes:			Terms Due Date	Net 30 Days 10/1/2018	
Qty	Units	Description		Unit Price	Total
1.00	EA	Policy On Line Internet - Annual Support/Maintenance	A 2019 CAURTON (1992) COURSE FRANK INFORMATION CONTRACTOR CONTRACTOR	1,050.00	1,050.00

Renewal Period September 1, 2018 - August 31, 2019

P1902742

Subtotal	\$1,050.00
Tax	
Balance Due	\$1,050.00

R	EMITTANCE	TASB, Ir	IC.		1	Custo	omer		1101907
		PO Box	975112	1		Invoid	ce		549246
		Dallas, 1	X 753	97-511	2	Balar	nce Due		\$1,050.00
Payment Amount		1	4		Enclo		YES	NO	
To pay	by credit card (VISA/MC/AME)	(), please	comple	ete all o	of the f	follow	ing inform	mation:	
Card Number			Exp D					CVV#	
Cardholder Name		Billing	Street						
Billing Zip	Phone #								
Signature					Date				
Email Address for			÷						
credit card receipt						154	0) 407 25	4 5	
C	Credit card payments can be received at our secure fax number (512) 467-3515.								

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AUG 1 6 2018

Page: Date: Cost Center P.O. Number Customer Invoice

INVOICE

Mark Henry CYPRESS-FAIRBANKS ISD PO BOX 692003 HOUSTON TX 77269-2003

Notes:			Terms Due Date	Net 30 Days 9/8/2018	
Qtý 2.00	Units PG	Description Local District Update Unique Policy Changes		Unit Price 32,00	Total_ 64.00
1.00	СР	Printing Charges 2018.07		0.56	0.56
		GKC		00.00	22.00
1.00	PG	Local District Update Unique Policy Changes		32.00	32.00
1.00	СР	Printing Charges 2018.06		1.96	1.96
		DEC			

	33.96
Subtotal	\$98.52
Тах	(
Balance Due	\$98.52
	23.96

P	EMITTANCE	TASB, Inc.		(Custo	mer		1101907	
			PO Box 975112		1	Invoic	е		551648
		Dallas, T			2 1	Balan	ce Due		\$98.52
Payment Amount				Check	Enclos		YES	NO	
To na	y by credit card (VISA/MC/AME)	X), please	comple	ete all o	of the fo	ollowi	ing inform	mation:	
	by create cara (rich and and	-77	Exp D	late	1			CVV#	
Card Number			Enh D						
Cardholder Name	Ξ.	Billing	Street						
Billing Zip	Phone #			J					
Signature					Date				
Email Address for									
credit card receipt									
C	redit card payments can be rec	eived at o	Credit card payments can be received at our secu					15.	

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Gipa, per our email exchange, TAGB sent this

correction to me. hankhou anetward Legal Services X8610M

Mark Henry CYPRESS-F/ PO BOX 692(HOUSTON T:

Page:				1	
Date:	an a	8/9/	20	18	
Cost Center			5	45	
P.O. Number					
Customer		110			
Invoice		55	516	48	
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Notes:			Terms Due Date	Net 30 Days 9/8/2018	
Qtý 2.00	Units PG	Description Local District Update Unique Policy Changes		Unit Price 32.00	Total 64.00
1.00	CP	Printing Charges 2018.07		0.56	0.56
		GKC			1
1.00	PG	Local District Update Unique Policy Changes		32.00	32.00
1.00	СР	Printing Charges 2018.06		1.96	1.96

DEC

	33.96
Subtotal	\$98.52
Tax	-
Balance Due	\$98.52
	23.96

	T TCube ue	aon and an	TACD			Cu	stomer		1101907
REMITTANCE			TASB, I						551648
			PO Box	975112			oice		
			Dallas,	TX 7539	7-5112	Ba	ance Due		\$98.52
Deverant Amount					Check	Enclosed	YES	NO	
Payment Amount		A TROUGHT	()	aamala	to all o	f the follo	wing infor	mation:	
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Card Number	1			Exp D	ate			CVV#	
Calu Number				1.1				1	
Cardholder Name			Billing	Street					
Cardholder Name	· ·								
Dilling Zip		Phone #							
Billing Zip		1							
O'sea aluna						Date			
Signature				1					
E il Address for									
Email Address for									
credit card receipt						1	40) 467 24	515	
C	Credit card receipt Credit card payments can be received at our secure fax number (512) 467-3515.								

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\$		Page: Date:	1 8/21/2018
	Texas Association of School Boards P.O. Box 400 • Austin, Texas 78767-0400 • 512.467.0222	Cost Center P.O. Number	545
<u>ISB</u>	P.O. Box 400 • Austin, Texas 78767-0400 • 512.467.0222 12007 Research Blvd. • Austin, Texas 78759-2439 • www.tasb.org	Customer	• 1101907 551918

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INVOICE

Mark Henry CYPRESS-FAIRBANKS ISD PO BOX 692003 HOUSTON TX 77269-2003

AUG 2 2 2018

Notes:			Terms Due Date	Net 30 Days 9/20/2018	
Qty 1.00	Units PG	Description Local District Update Unique Policy Changes		Unit Price 32.00	Total 32.00
1.00	СР	Printing Charges 2018.06		1.96	1.96
		DEC			

Subtotal	\$33.96
Тах	
Balance Due	\$33.96

1101907 Customer TASB, Inc. REMITTANCE Invoice 551918 PO Box 975112 \$33.96 Dallas, TX 75397-5112 **Balance** Due Check Enclosed YES NO Payment Amount To pay by credit card (VISA/MC/AMEX), please complete all of the following information: CVV# Exp Date Card Number **Billing Street** Cardholder Name Phone # **Billing Zip** Date Signature Email Address for credit card receipt Credit card payments can be received at our secure fax number (512) 467-3515.

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1 L I	 P.O. Box 400 • Austin, Texas 78767-0400 12007 Research Blvd. • Austin, Texas 78759-2439 512.467.0222 • 800.580.8272 • www.tasb.org Serving Texas Schools Since 1949 		Page: Date: Cost Center P.O. Number Customer Invoice		1 7/31/2018 545 1101907 550280

AUG 1 7 2018

INVOICE

Mark Henry CYPRESS-FAIRBANKS ISD PO BOX 692003 HOUSTON TX 77269-2003

Notes:			Terms Due Date	Net 30 Days 8/30/2018	
Qty	Units	Description	- 6'	Unit Price	Total
1.00	EA	TASB Localized Update 111		763.00	763.00
1.00	EA	Update printing/shipping costs		61.32	61.32

Subtotal	\$824.32
Tax	
Balance Due	\$824.32

P1905171

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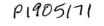
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REMITTANCE			TASB, Inc.				Custo	omer		1101907
KEIMITTANGE		PO Box 975112			Invoid	ce		550280		
			Dallas, TX 75397-5112			Balar	nce Due		\$824.32	
Payment Amount						k Enclo		YES	NO	
To pay	y by credit card (VISA	MC/AMEX), please	comple	ete all	of the	follow	ing infor	mation:	
Card Number			×.,	Exp D	ate				CVV#	
Cardholder Name			Billing	Street						
Caldholder Name										
Billing Zip		Phone #								
Signature						Date				
Email Address for										
Email Address for										
credit card receipt		an ha raac	ived at a	ur soci	iro fay	numb	er (51	2) 467-35	15.	
C	Credit card payments can be received at our secure fax number (512) 467-3515.									

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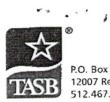
Mark Henry CYPRESS-FAIRBANKS ISD PO BOX 692003 HOUSTON TX 77269-2003

Notes:			Terms Due Date	Net 30 Days 9/8/2018	
Qty 2.00	Units PG	Description Local District Update Unique Policy Changes		Unit Price 32.00	Total 64.00
1.00	CP	Printing Charges 2018.07		0.56	0.56
		GKC			
1.00	PG	Local District Update Unique Policy Changes		32.00	32.00
1.00	CP	Printing Charges 2018.06		1.96	1.96
		DEC			

Subtotal	\$98.52
Tax	
Balance Due	\$98.52

Please detach this stub and return it with your payment. 1101907 Customer TASB, Inc. REMITTANCE 551648 Invoice PO Box 975112 \$98.52 **Balance** Due Dallas, TX 75397-5112 Check Enclosed YES NO Payment Amount To pay by credit card (VISA/MC/AMEX), please complete all of the following information: CVV# Exp Date Card Number **Billing Street** Cardholder Name Phone # **Billing Zip** Date Signature Email Address for credit card receipt Credit card payments can be received at our secure fax number (512) 467-3515.

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B	P.O. Box 400 • Austin, Texas 78767-0400 12007 Research Blvd. • Austin, Texas 78759-2439 512.467.0222 • 800.580.8272 • www.tasb.org Serving Texas Schools Since 1949	Page: Date: Cost Center P.O. Number Customer Invoice	1 9/1/2018 546 1101907 545723

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Holly Reichert CYPRESS-FAIRBANKS ISD PO BOX 692003 HOUSTON TX 77269-2003

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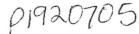
Notes:			erms Jue Date	Net 30 Days 10/1/2018	
Qty	Units	Description	and the second	Unit Price	Total
1.00	EA	BoardBook Subscription		1,250.00	1,250.00

09/01/2018 - 08/31/2019 Billing Cycle

\$1,250.00
\$1,250.00

	Please detach this st	tub and re	turn it w	vith your	payment			
R	TASB, Inc.			Customer		1101907		
	EMITTANCE	PO Box	975112		Invoi	се		545723
		Dallas,	TX 7539	97-5112	Bala	nce Due		\$1,250.00
Payment Amount		1		Check Er	nclosed	YES	NO	
To pay	by credit card (VISA/MC/AME	X), please	comple	ete all of t	he follow	ing infor	mation:	
Card Number			Exp D				CVV#	
Cardholder Name		Billing	Street					
Billing Zip	Phone #							
Signature				Da	ite			
Email Address for								
credit card receipt			-			0) 407 25	46	
Credit card payments can be received at our secure fax number (512) 467-3515.								

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INVOICE

Mark Henry CYPRESS-FAIRBANKS ISD PO BOX 692003 HOUSTON TX 77269-2003

Notes:			Terms Due Date	Net 30 Days 11/17/2018	
Qty 8.00	Units PG	Description Local District Update Unique Policy Changes		Unit Price 34.00	Total 272.00
1.00	CP	Printing Charges LDU 2018.09		2.52	2.52
		DH, FNG, GKA			

Subtotal	\$274.52
Tax	
Balance Due	\$274.52

Please detach this stub and return it with your payment.										
B	EMITTANCE		TASB, Inc.		C	Custor	ner		1101907	
			PO Box	975112	2	lr	nvoice	Э		555067
			Dallas, 7	X 753	97-5112	2 B	Baland	ce Due		\$274.52
Payment Amount					Check	Enclose		YES	NO	
To pay by credit card (VISA/MC/AMEX), please complete all of the following information:										
Card Number			×	Exp D					CVV#	
Cardholder Name			Billing	Street						
Billing Zip		Phone #		0						
Signature				4, 11	[Date				
Email Address for			1	1						
credit card receipt										
Credit card payments can be received at our secure fax number (512) 467-3515.										

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Date: Cost Center P.O. Number Customer Invoice

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Page: Date: Cost Center P.O. Number Customer Invoice 1 10/31/2018 545

> 1101907 555428

Mark Henry CYPRESS-FAIRBANKS ISD PO BOX 692003 HOUSTON TX 77269-2003

	NOV 1 2 20)18
	BY:	
Ter	s Net 30 Days	
Due	Date 11/30/2018	
	Unit Price	e Tota

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Qty	Units	Description	Unit Price	Total
1.00	PG	Local District Update Unique Policy Changes	136.00	136.00
1.00	CP	Printing Charges LDU 2018.10	1.12	1.12
		DBB, DHE		

Subtotal	\$137.12
Tax	
Balance Due	\$137.12

Please detach this stub and return it with your payment.										
R	EMITTANCE		TASB, Inc.				Customer			1101907
			PO Box				Invoid	ce		555428
			Dallas, 1	X 753	97-5112	2	Balar	nce Due		\$137.12
Payment Amount	0137.12	I			Check		sed	YES	NO	
To pay	To pay by credit card (VISA/MC/AMEX), please complete all of the following information:									
Card Number			i.	Exp D	ate				CVV#	
Cardholder Name			Billing	Street		1				
Billing Zip		Phone #								
Signature						Date				
Email Address for										
credit card receipt										
Credit card payments can be received at our secure fax number (512) 467-3515.										

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 Date:
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 Invoice
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INVOICE

CYPRESS-FAIRBANKS ISD PO BOX 692003 HOUSTON TX 77269-2003

Notes:			erms ue Date	Annual 1/31/2019	
Qty 1.00	Units EA	Description Legal Assistance Fund 2019 Participation ADA >5000		Unit Price 500.00	Total 500.00
		The Legal Assistance Fund was established in 19 administered by a board of trustees made up of of the Texas Association of School Boards, Texas A of School Administrators, and the Texas Council Attorneys. The purpose of the Fund is to assist so districts in litigating issues that have a statewide on public schools. Membership fee in the Fund is district ADA.	officers of Association of School chool impact		

Subtotal	\$500.00
Tax	
Balance Due	\$500.00

REMITTANCE		TASB, Inc.			Custo	mer			1101907	
		PO Box	975112		1	Invoid	e			553086
		Dallas, T	X 7539	7-5112		Balan	ce Due			\$500.00
Payment Amount		1	1		Enclos		YES	NO		
To pay	by credit card (VISA/MC/AME)	(), please	comple	ete all c	of the f	ollow	ing infor	mation	:	
Card Number			Exp D					CVV#	ŧ	
Cardholder Name		Billing	Street							
Billing Zip	Phone #									
Signature			2		Date					
Email Address for credit card receipt										
Cr	Credit card payments can be received at our secure fax number (512) 467-3515.									

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Page: Date: Cost Center P.O. Number Customer Invoice 1 11/1/2018 499

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INVOICE TASB ANNUAL MEMBERSHIP

CYPRESS-FAIRBANKS ISD PO BOX 692003 HOUSTON TX 77269-2003

Notes:		Term: Due I	-	Annual 1/31/2019	
Qty 1.00	Units EA	Description 2019 TASB MEMBERSHIP FEE School Districts		Unit Price 11,000.00	Total 11,000.00
		The 2019 TASB MEMBERSHIP FEE for school distributes based on the audited 2016-17 operating budget (All less debt service and capital outlay, and community (provided by TEA) multiplied by a factor of 0.0002 (\$800 minimum, \$11,000 maximum). If your district s a fiscal agent for a shared services arrangement, subthe 2016-17 shared services arrangement's budget a recalculate the fee on the invoice below. The budget figure used to calculate your district's fee is \$1,002,234,958.00	Funds), service erves as otract and		

Subtotal	\$11,000.00
Tax	
Balance Due	\$11,000.00

1101907 TASB, Inc. Customer REMITTANCE 553992 Invoice PO Box 975112 \$11,000.00 **Balance** Due Dallas, TX 75397-5112 NO Check Enclosed YES Payment Amount To pay by credit card (VISA/MC/AMEX), please complete all of the following information: CVV# Exp Date Card Number **Billing Street** Cardholder Name Phone # **Billing Zip** Date Signature Email Address for credit card receipt Credit card payments can be received at our secure fax number (512) 467-3515.

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Page: Date: Cost Center P.O. Number Customer Invoice 1 11/29/2018 545

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Mark Henry CYPRESS-FAIRBANKS ISD PO BOX 692003 HOUSTON TX 77269-2003

Notes:			Terms Due Date	Net 30 Days 12/29/2018	
Qty 2.00	Units PG	Description Local District Update Unique Policy Changes		Unit Price 34.00	Total 68.00
1.00	СР	Printing Charges LDU 2018.11		0.84	0.84
		FEA			

Subtotal	\$68.84
Tax	
Balance Due	\$68.84

R	EMITTANCE		TASB, Ir	IC.			Custo	omer			1101907
			PO Box	975112	2		Invoid	e			555832
			Dallas, 1	X 753	97-5112	2	Balar	ice Due			\$68.84
Payment Amount					Check	Enclos	sed	YES	NO		
То рау	y by credit card (VIS)	A/MC/AMEX), please	comple	ete all c	of the fe	ollow	ing inform	nation	1:	
Card Number				Exp D	ate				CVV‡	¢	
Cardholder Name			Billing	Street							
Billing Zip		Phone #									
Signature						Date					
Email Address for					6						
credit card receipt					Λ.						
Cı	redit card payments	can be rece	ived at o	ur secu	ire fax	numbe	r (512	2) 467-35	15.		

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INVOICE

Mark Henry CYPRESS-FAIRBANKS ISD PO BOX 692003 HOUSTON TX 77269-2003

F FEB 1 3 2019 BY:

Notes:	Terms Due Date	Net 30 Days 3/3/2019	

Qty	Units	Description	Unit Price	Total
1.00	EA	TASB Localized Update 112	1,224.00	1,224.00
1.00	EA	Update printing/shipping costs	50.68	50.68

Subtotal	\$1,274.68
Tax	
Balance Due	\$1,274.68

	- 10000 ucu		TAOD				Cucto	mor		1101907
R	EMITTANCE		TASB, Inc.			Customer				
			PO Box	975112	2		Invoid	ce		558066
			Dallas, T	X 753	97-511	2	Balar	nce Due		\$1,274.68
Payment Amount						k Enclo		YES	NO	
To pay	y by credit card (VISA	MC/AMEX	, please	comple	ete all	of the	follow	ing infor	mation:	
	by create data (the		,						CVV#	
Card Number				Exp D	Jale				0000	
			Billing	Stroot						
Cardholder Name			Billing	Street	1 N N					
		Dhana #	-		1					
Billing Zip		Phone #								
	l					Date	1			
Signature						Date				
Email Address for										
credit card receipt										
С	redit card payments of	can be rece	ived at o	ur secu	ure fax	numb	oer (51	2) 467-35	15.	

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INVOICE

Mark Henry CYPRESS-FAIRBANKS ISD PO BOX 692003 HOUSTON TX 77269-2003

Notes:			Terms Due Date	Net 30 Days 3/30/2019	
Qty	Units	Description		Unit Price	Total
1.00	PG	Local District Update Unique Policy Changes		34.00	34.00
1.00	CP	Printing Charges LDU 2019.01		0.56	0.56
		FMG			

Subtotal	\$34.56
Тах	
Balance Due	\$34.56

R	EMITTANCE		TASB, Ir	nc.			Cust	omer		1101907
			PO Box		2		Invoi	се		558506
			Dallas, 1			2	Balar	nce Due		\$34.56
Payment Amount					Check	k Enclo	sed	YES	NO	
To pay	by credit card (VIS	A/MC/AME>	(), please	compl	ete all	of the	follow	ing infor	mation:	
Card Number			2	Exp D			23		CVV#	
Cardholder Name			Billing	Street						
Billing Zip		Phone #		H						
Signature			8. a			Date				
Email Address for										
credit card receipt										
C	redit card payments	can be rec	eived at o	ur sec	ure fax	numb	er (51	2) 467-35	15.	

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Page: Date: Cost Center P.O. Number Customer Invoice

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INVOICE

CYPRESS-FAIRBANKS ISD PO BOX 692003 HOUSTON TX 77269-2003

Notes:			Terms Due Date	Net 30 Days 6/5/2019	
Qty	Units	Description		Unit Price	Total
1.00	EA	Summer Leadership Institute San Antonio, June 13-15,2019		395.00	395.00

John Ogletree Full Registration (Thursday-Saturday)

MAY 1 3 2013

Subtotal	\$395.00
Тах	
Balance Due	\$395.00

R	EMITTANCE	TASB, Inc.		Cust	omer		1101907
		PO Box 975112		Invoi	Invoice		559849
		Dallas, TX 753	897-5112	Bala	nce Due		\$395.00
Payment Amount		-8.2	Check En		YES	NO	
To pay	by credit card (VISA/MC/AME)	X), please comp	ete all of th	ne follow	ing inform	nation:	
Card Number		Expl	Date			CVV#	
Cardholder Name		Billing Street			17		
Billing Zip	Phone #						
Signature			Dat	te			
Email Address for							
credit card receipt							
C	redit card payments can be rec	eived at our sec	ure fax nui	nber (51	2) 467-35	15.	

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INVOICE

Marney Collins Sims CYPRESS-FAIRBANKS ISD PO BOX 692003 HOUSTON TX 77269-2003

Notes:		Terms Due Date	Annual 7/1/2019	
Qty Units 1.00 EA	Description Legal Research Library-CSA Subscription Renewal July 1, 2019 - June 30, 2020 Note: The fee reflected on this invoice is bas of designated users in your district. If this info		Unit Price 600.00 er	Total 600.00
	changed, please refer to the fee information subscription form.	on the enclosed		

Subtotal	\$600.00
Тах	
Balance Due	\$600.00

REMITTANCE			TASB, Inc.				Customer				1101907
		PO Box 975112				Invoice				560438	
			Dallas, 1	TX 753	97-511	2	Balar	nce Due			\$600.00
Payment Amount						(Enclo	sed	YES	NC)	
To pay	y by credit card (VISA	A/MC/AMEX), please	compl	ete all d	of the f	follow	ing infor	matio	n:	
Card Number				Exp E					CVV	/#	
Cardholder Name			Billing	Street					1		1
Billing Zip		Phone #	-		1						
Signature				20 ¹⁰		Date					
Email Address for				Ľ	6						
credit card receipt							(= 4	0 407 05	45		
Credit card payments can be received at our secure fax number (512) 467-3515.											

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Date:

Cost Center P.O. Number

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INVOICE

MARNEY COLLINS SIMS CYPRESS-FAIRBANKS ISD 10300 JONES RD HOUSTON TX 77065

Notes:	Terms Due Date	Annual 7/1/2019
		Linit Price Total

Qty	Units	Description	Unit i nec	rotar
1.00	YR	Council of School Attorneys Annual Membership	335.00	335.00
		July 1, 2019 - June 30, 2020		
		A NEW APPLICATION MUST BE SUBMITTED EACH YEAR		

TO BE ELIGIBLE FOR CSA MEMBERSHIP.

Subtotal	\$335.00
Tax	
Balance Due	\$335.00

Please detach this stub and return it with your payment.

REMITTANCE		TASB, Inc.				Custo	omer		463208
			PO Box 975112			Invoi	ce		561095
		Dallas,			2	Balar	nce Due		\$335.00
Payment Amount			6.5		<pre>K Enclos</pre>		YES	NO	
To pay	by credit card (VISA/MC/AME	X), please	compl	ete all o	of the f	ollow	ing inform	mation:	
Card Number		* 8	Exp D					CVV#	
Cardholder Name		Billing	Street						
Billing Zip	Phone #		8						
Signature			κ.		Date				
Email Address for			9						
credit card receipt			а _{н а}			154	0) 407 25	4 5	
C	Credit card payments can be received at our secure fax number (512) 467-3515.								

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Page: Date: Cost Center P.O. Number Customer Invoice

INVOICE

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CYPRESS-FAIRBANKS ISD PO BOX 692003 HOUSTON TX 77269-2003

Notes:			erms ue Date	Net 30 Days 7/13/2019	
Qty 1.00	Units EA	Description Travel Reimbursement Individual District Services		Unit Price 340.36	Total 340.36
		Travel expenses for Ann Patton, TASB Consultant to district	nt for two trip	0S	

DECELVED		
] JUN 1.8 2019		
Ву	Subtotal	\$340.36
Pad -	Тах	
	Balance Due	\$340.36

REMITTANCE		1	TASB, Inc.			0	Customer			1101907	
		F	PO Box 975112			l Ir	Invoice			562704	
		0	Dallas, T	X 753	97-5112	2 B	Balan	ce Due		\$340.36	
Payment Amount					Check	Enclose	ed	YES	NO		
To pay	by credit card (VISA/MC/	AMEX),	please	compl	ete all d	of the fo	llowi	ng infor	mation:		
Card Number				Exp [Date				CVV#		
Cardholder Name			Billing	Street							
Billing Zip	Phon	e #									
Signature		2				Date				2	
Email Address for		â									
credit card receipt							/= / 0		4.5		
Credit card payments can be received at our secure fax number (512) 467-3515.											



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Page: Date: Cost Center P.O. Number Customer Invoice

INVOICE

CYPRESS-FAIRBANKS ISD PO BOX 692003 HOUSTON TX 77269-2003

Notes:		Ter Due	ms e Date	Net 30 Days 8/10/2019	
Qty 1.00	Units EA	Description Summer Leadership Institute Ft Worth, June 20-22,2019		Unit Price 555.00	Total 555.00
		Julie Hinaman Optional Pre-Conference + Full Reg (Thursday-Saturday)	istration		



Subtotal	\$555.00
Tax	
Balance Due	\$555.00

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P.O. Number

Janet Ward CYPRESS-FAIRBANKS ISD PO BOX 692003 HOUSTON TX 77269-2003

Notes:			Terms Due Date	Net 30 Days 7/30/2019	
Qty	Units	Description		Unit Price	Total
1.00	EA	TASB Localized Update 113		730.00	730.00
1.00	EA	Update printing/shipping costs		40.04	40.04

JUL 1 6 2019

Subtotal	\$770.04
Тах	
Balance Due	\$770.04

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P.O. Number

Customer

Invoice

Janet Ward CYPRESS-FAIRBANKS ISD PO BOX 692003 HOUSTON TX 77269-2003

Notes:			Terms Due Date	Annual 10/1/2019	
Qty	Units	Description		Unit Price	Total
1.00	EA	Policy Service Membership Renewal 9/1/2019-8/31/2020		1,500.00	1,500.00

Subtotal	\$1,500.00
Tax	
Balance Due	\$1,500.00

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INVOICE

Janet Ward CYPRESS-FAIRBANKS ISD PO BOX 692003 HOUSTON TX 77269-2003

Notes:			Terms Due Date	Annual 10/1/2019	
Qty	Units	Description		Unit Price	Total
1.00	EA	Policy On Line Internet - Annual Support/Maintenance		1,050.00	1,050.00

Subscription Period 9/1/2019 - 8/31/2020



Subtotal	\$1,050.00
Тах	
Balance Due	\$1,050.00

R	EMITTANCE		TASB, In	C.			Custo	omer		1101907
		1	PO Box 9		2		Invoid			565309
		1	Dallas, T			2	Balar	nce Due		\$1,050.00
Payment Amount					Check	Enclo	sed	YES	NO	
To pay	y by credit card (VISA/N	IC/AMEX), please	compl	ete all o	of the	follow	ing inform	mation:	
Card Number				Exp D					CVV#	
Cardholder Name			Billing	Street						
Billing Zip	PI	hone #		2 - 1 -						
Signature				. *		Date				
Email Address for										
credit card receipt										
C	redit card payments ca	n be rece	ived at or	Ir sec	ure fax	numb	er (51	2) 467-35	15.	

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INVOICE

Holly Reichert CYPRESS-FAIRBANKS ISD PO BOX 692003 HOUSTON TX 77269-2003

Notes:		Terms	Net 30 Days	
		Due Date	10/1/2019	
01	Units	Description	Unit Price	Total
Qty				

09/01/2019-8/31/2020 Billing Cycle

Subtotal	\$1,250.00
Tax	
Balance Due	\$1,250.00

REMITT	REMITTANCE		TASB, Inc.			stomer	alexiestanearte pilateritaria	1101907
		PO Box	975112	2	Inv	Invoice		567838
		Dallas, TX 75397-5112			12 Ba	Balance Due		\$1,250.00
Payment Amount		L		Chec	k Enclosed	YES	NO	
To pay by cr	edit card (VISA/MC/AMEX	(), please	compl	ete all	of the follo	wing info	rmation:	
Card Number			Exp C	Date			CVV#	
Cardholder Name	99993 8318999,	Billing	Street	1				
Billing Zip	Phone #			1				
Signature			3		Date		******	
Email Address for credit card receipt			1	1	L	Lunan		
Credit ca	ard payments can be rece	eived at o	ur seci	ure fax	number (512) 467-3	515.	



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INVOICE

Deborah Stewart CYPRESS-FAIRBANKS ISD PO BOX 692003 HOUSTON TX 77269-2003

Notes:			Terms Due Date	Annual 10/1/2019	
Qty	Units	Description		Unit Price	Total
1.00	EA	Annual Subscription Renewal Fee to HR Services		2,525.00	2,525.00
		Enrollment Group 50,000+ October 1, 2019 thru September 30, 2	2020		

Subtotal	\$2,525.00
Тах	
Balance Due	\$2,525.00

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P.O. Number

Janet Ward CYPRESS-FAIRBANKS ISD PO BOX 692003 HOUSTON TX 77269-2003

Notes:			Terms Due Date	Net 30 Days 9/28/2019	
Qty	Units	Description		Unit Price	Total
\$ 4.00	PG	Local District Update Unique Policy Changes		34.00	136.00
1.00	CP	Printing Charges LDU 2019.02		2.24	2.24
		CDA,CH,CV			
5 3.00	EA	Local District Update Base Version Policy Changes		20.00	60.00
1.00	СР	Printing Charges LDU 2019.04		1.12	1.12
		DIA,FB,FFH(ALL EXHIBITS)			
1.00	PG	Local District Update Unique Policy Changes		34.00	34.00
2 1.00	CP	Printing Charges LDU 2019.03		0.56	0.56
		GKA			





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INVOICE

Janet Ward CYPRESS-FAIRBANKS ISD PO BOX 692003 HOUSTON TX 77269-2003

Notes:	Terms Due Date	Net 30 Days 9/28/2019	

Qty Units Description

Subtotal	\$233.92
Тах	
Balance Due	\$233.92

Unit Price

R	EMITTANCE	TASB, II	nc.			Custo	omer		1101907
			PO Box 975112			Invoice			569854
		Dallas,	TX 7539	97-5112	2	Balar	nce Due		\$233.92
Payment Amount					Enclos		YES	NO	
To pay	by credit card (VISA/MC/AM	IEX), please	comple	te all c	of the fe	ollow	ing inform	nation:	
Card Number			Exp Da					CVV#	
Cardholder Name		Billing	Street		1				
Billing Zip	Phone #	ŧ							
Signature					Date				
Email Address for									
credit card receipt						(= 4			
C	redit card payments can be r	eceived at o	ur secu	re fax	numbe	er (51)	2) 467-35	15.	

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INVOICE

CYPRESS-FAIRBANKS ISD PO BOX 692003 HOUSTON TX 77269-2003

Notes:			Terms Due Date	Annual 1/31/2020	
Qty	Units	Description		Unit Price	Total
1.00	EA	Legal Assistance Fund 2020 Participation ADA >5000	George Contraction and Contraction States	500.00	500.00

The Legal Assistance Fund was established in 1980 and is administered by a board of trustees made up of officers of the Texas Association of School Boards, Texas Association of School Administrators, and the Texas Council of School Attorneys. The purpose of the Fund is to assist school districts in litigating issues that have a statewide impact on public schools. Membership fee in the Fund is based on district ADA.

Subtotal	\$500.00
Tax	
Balance Due	\$500.00

	Please det	tach this stu	ub and ref	urn it v	with you	ur pay	ment.				_
R	EMITTANCE		TASB, Inc.				Customer				01907
			PO Box	975112	2		Invoi	ce		57	72445
			Dallas, TX 75397-5112			2	Balar	nce Due		\$5	00.00
Payment Amount					Check	Enclos	sed	YES	NO		
To pay	by credit card (VIS	A/MC/AMEX	(), please	comple	ete all c	of the f	ollow	ing infor	mation:		
Card Number	¥			Exp D	Date				CVV#		
Cardholder Name			Billing	Street							
Billing Zip		Phone #									
Signature						Date					
Email Address for											
credit card receipt											
Ci	redit card payments	can be rece	eived at o	ur secu	ure fax	numbe	er (51	2) 467-35	15.		

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INVOICE

TASB ANNUAL MEMBERSHIP

CYPRESS-FAIRBANKS ISD PO BOX 692003 HOUSTON TX 77269-2003

Notes:		Terms Due Date	Annual 1/31/2020	
Qty 1.00	Units EA	Description 2020 TASB MEMBERSHIP FEE School Districts	Unit Price 11,000.00	Total 11,000.00
		The 2020 TASB Membership fee for school districts is based on the audited 2017-18 operating budget (All Funds), less debt service and capital outlay, and community service (provided by TEA) multiplied by a factor of 0.0002 (\$800 minimum, \$11,000 maximum). If your district serves as a fiscal agent for a shared services arrangement, subtract the 2017-18 shared services arrangement's budget and recalculate the fee on the invoice below. The budget figure used to calculate your district's fee is \$1,042,543,568.00		

Subtotal	\$11,000.00
Tax	
Balance Due	\$11,000.00

	Please det	tach this stu	b and ret	turn it v	with you	ur payı	ment.				
R	EMITTANCE		TASB, In	nc.		T	Custo	omer			1101907
			PO Box	975112	2		Invoid	ce			570741
			Dallas, 1	X 753	97-5112	2	Balar	nce Due		\$1	1,000.00
Payment Amount			2		Check		1	YES	NO		
To pay	/ by credit card (VIS)	A/MC/AMEX), please	comple	ete all o	of the f	ollow	ing infor			
Card Number				Exp D	ate				CVV#		
Cardholder Name			Billing	Street							
Billing Zip		Phone #									
Signature						Date					
Email Address for											
credit card receipt											
Ci	redit card payments	can be rece	ived at o	ur secu	ire fax	numbe	er (51)	2) 467-35	15.		

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INVOICE

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Date:

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Customer Invoice

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Janet Ward CYPRESS-FAIRBANKS ISD PO BOX 692003 HOUSTON TX 77269-2003

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Notes:			Terms Due Date	Net 30 Days 12/14/2019	
Qty 1.00	Units PG	Description Local District Update Unique Policy Changes		Unit Price 34.00	Total 34.00
1.00	СР	Printing Charges LDU 2019.06		0.56	0.56
		BDD			

Subtotal	\$34.56
Tax	
Balance Due	\$34.56

R	EMITTANCE		TASB, Ir	IC.			Custo	omer		1101907
			PO Box	975112	2		Invoid	ce		573475
			Dallas, T	X 753	97-511	2	Balar	nce Due		\$34.56
Payment Amount						< Enclo		YES	NO	
To pay	by credit card (VISA	VMC/AMEX)	, please	comple	ete all	of the t	follow	ing inform	mation:	
Card Number				Exp D	Date				CVV#	
Cardholder Name			Billing	Street						
Billing Zip		Phone #		×						
Signature						Date				
Email Address for										
credit card receipt				3						
C	redit card payments	can be rece	ived at o	ur seci	ure fax	numb	er (51)	2) 467-35	15.	

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Janet Ward CYPRESS-FAIRBANKS ISD PO BOX 692003 HOUSTON TX 77269-2003

Notes:		-	Terms Due Date	Net 30 Days 12/26/2019	
Qty	Units	Description		Unit Price	Total
1.00	EA	TASB Localized Update 114 PDF only; no hardcopy		1,713.00	1,713.00

Subtotal	\$1,713.00
Тах	
Balance Due	\$1,713.00

REMITTANCE			TASB, Inc.			Custo	omer		1101907
			975112	2		Invoid	ce		573889
		Dallas,	TX 753	97-511	2	Balar	nce Due		\$1,713.00
Payment Amount				Check	< Enclos	sed	YES	NO	
To pay	by credit card (VISA/MC/AI	MEX), please	comple	ete all o	of the f	ollow	ing infor	mation:	
Card Number	-		Exp D	Date				CVV#	
Cardholder Name		Billing	Street						
Billing Zip	Phone	#							
Signature					Date				
Email Address for		17							
credit card receipt									
C	redit card payments can be	received at o	ur seci	ure fax	numbe	er (51)	2) 467-35	15.	



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INVOICE

Janet Ward CYPRESS-FAIRBANKS ISD PO BOX 692003 HOUSTON TX 77269-2003

Notes:			Terms Due Date	Net 30 Days 1/18/2020	
Qty	Units	Description	a des gradenad	Unit Price	Total
1.00	EA	Local District Update Base Version Policy Changes		20.00	20.00

LDU 2019.07 PDF_FFC(E)

Subtotal	\$20.00
Tax	
Balance Due	\$20.00

R	EMITTANCE		TASB, Inc.			Customer			1101907	
				975112	2		Invoid	ce		574999
			Dallas, 1	TX 753	97-511	2	Balar	nce Due		\$20.00
Payment Amount					Check			YES	NO	
To pay	by credit card (VIS	A/MC/AMEX	(), please	comple	ete all	of the	follow	ing infor	mation:	
Card Number				Exp D	Date				CVV#	
Cardholder Name			Billing	Street						
Billing Zip		Phone #								
Signature						Date				
Email Address for										
credit card receipt										
C	Credit card payments can be received at our secure fax number (512) 467-3515.									



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INVOICE

Janet Ward CYPRESS-FAIRBANKS ISD PO BOX 692003 HOUSTON TX 77269-2003

Notes:	Terms Due Date	Net 30 Days 3/28/2020	
Oty Units Description		Unit Price Tota	

LDU 2020.01_PDF CKE,EHBAF,FFB

Local District Update

Unique Policy Changes

Subtotal	\$204.00
Tax	
Balance Due	\$204.00

R	EMITTANCE		TASB, In	C.			Custo	omer		1101907
			PO Box 9		2		Invoid	ce		576303
		1	Dallas, T			2	Balar	ice Due		\$204.00
Payment Amount					Check	Enclo	sed	YES	NO	
To pay	by credit card (VISA/MC/	AMEX),	, please d	comple	ete all	of the	follow	ing inform	mation:	
Card Number	-			Exp D	Date				CVV#	
Cardholder Name			Billing S	Street					1	
Billing Zip	Phon	e#								
Signature			1			Date				
Email Address for										
credit card receipt							1=4	0) 407 05	45	
C	redit card payments can b	e recei	ved at ou	Ir seci	ure fax	numb	er (51	2) 467-35	15.	

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INVOICE

MARNEY COLLINS SIMS CYPRESS-FAIRBANKS ISD 10300 JONES RD HOUSTON TX 77065

Notes:	Terms Due Date	Annual 7/1/2020

Qty	Units	Description	Unit Price	lotal
1.00	YR	Council of School Attorneys Annual Membership	335.00	335.00
		July 1, 2020 - June 30, 2021		
		A NEW APPLICATION MUST BE SUBMITTED EACH YEAR		

TO BE ELIGIBLE FOR CSA MEMBERSHIP.

Subtotal	\$335.00
Tax	
Balance Due	\$335.00

REMITTANCE		TASB, Ir	nc.			Customer			463208	
			PO Box		2		Invoid	ce		577958
			Dallas, 1	TX 753	97-511	2	Balar	nce Due		\$335.00
Payment Amount					Check	k Enclo	sed	YES	NO	
	by credit card (VIS	A/MC/AMEX), please	comple	ete all	of the	follow	ing infor	mation:	
Card Number				Exp D	Date				CVV#	
Cardholder Name			Billing	Street						
Billing Zip		Phone #								
Signature						Date				
Email Address for										
credit card receipt										
C	redit card payments	can be rece	eived at o	ur secu	ure fax	numb	er (51	2) 467-35	15.	

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Date: Cost Center

P.O. Number

Customer

Invoice

Marney Collins Sims CYPRESS-FAIRBANKS ISD PO BOX 692003 HOUSTON TX 77269-2003

Notes:			erms ue Date	Annual 7/1/2020	
		B	ie Date	11112020	
Qty	Units	Description		Unit Price	Total
1.00	EA	Legal Research Library-CSA Subscription Renewal		600.00	600.00
		July 1, 2020 - June 30, 2021			
		Note: The fee reflected on this invoice is based or of designated users in your district. If this informa changed, please refer to the fee information on th	tion has		

subscription form.

Subtotal	\$600.00
Тах	
Balance Due	\$600.00

Please detach this stub and return it with your payment.

R	EMITTANCE		TASB, Ir	nc.			Custo	omer		1101907
			PO Box	975112	2		Invoid	ce		578095
			Dallas, 1	TX 753	97-511	2	Balar	nce Due		\$600.00
Payment Amount		L. L		-		k Enclo		YES	NO	
To pay	y by credit card (VISA	/MC/AMEX)	, please	comple	ete all	of the	follow	ing infor	mation:	
Card Number				Exp D	Date				CVV#	
Cardholder Name			Billing	Street						
Billing Zip		Phone #								
Signature						Date				
Email Address for										
credit card receipt				1						
С	redit card payments c	an be recei	ived at o	ur seci	ure fax	numb	er (51	2) 467-35	15.	

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INVOICE

CYPRESS-FAIRBANKS ISD PO BOX 692003 HOUSTON TX 77269-2003

Notes:			Terms Due Date	Net 30 Days 7/11/2020	
Qty 1.00	Units EA	Description Virtual Summer Leadership Institute - June 24-26, 2020		Unit Price 195.00	Total 195.00
1.00	EA	Debbie Blackshear Virtual Attendee Virtual Summer Leadership Institute - June 24-26, 2020		195.00	195.00
1.00	EA	Julie Hinaman Virtual Attendee Virtual Summer Leadership Institute - June 24-26, 2020		195.00	195.00
1.00	EA	Thomas Jackson Virtual Attendee Virtual Summer Leadership Institute - June 24-26, 2020		195.00	195.00
1.00	EA	Don Ryan Virtual Attendee Virtual Summer Leadership Institute - June 24-26, 2020	NEO	195.00	195.00
1.00	EA	John Ogletree Virtual Attendee Virtual Summer Leadership Institute - June 24-26, 2020		EIVE V 2 2 2020 ^{195.00}	195.00
		Gilbert Sarabia Virtual Attendee	bas to man arm urm	יום אין	

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INVOICE

Date: Cost Center P.O. Number Customer Invoice

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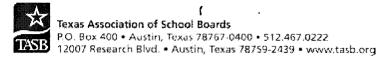
P2056885

CYPRESS-FAIRBANKS ISD PO BOX 692003 HOUSTON TX 77269-2003

Notes:		Terms Due Date	Net 30 Days 7/11/2020	÷
Qty Units	Description		Unit Price	Total

DECEIVI		
IL JUN 2 2 2020		
	Subtotal	\$1,170.00
BY:	Tax	
אין אירא אוין אין אירא אינון אינון גערט אינו אינון	Balance Due	\$1,170.00

REMITTANCE			TASB, Inc.			Customer			1101907	
			PO Box		2		Invoid	ce		578716
			Dallas, T	X 753	97-511	2	Balar	nce Due		\$1,170.00
Payment Amount						k Enclo		YES	NO	
To pay	by credit card (VISA/	MC/AMEX)	, please	comple	ete all	of the	follow	ing infor	mation:	
Card Number	-			Exp D					CVV#	
Cardholder Name			Billing	Street						
Billing Zip	F	Phone #								
Signature						Date				
Email Address for										
credit card receipt										
С	Credit card payments can be received at our secure fax number (512) 467-3515.									



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INVOICE

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HARRY WRIGHT CYPRESS-FAIRBANKS ISD PO BOX 692003 HOUSTON TX 77269

Notes:		-	rms ie Date	Annual 7/1/2020	
Qty 1.00	Units YR	Description Council of School Attorneys Annual Membership		Unit Price 335.00	Total 335.00
		July 1, 2020 - June 30, 2021			
		A NEW APPLICATION MUST BE SUBMITTED E TO BE ELIGIBLE FOR CSA MEMBERSHIP.	ACH YEAR		

Subtotal	\$335.00
Тах	
Balance Due	\$335.00

REMITTANCE		TASB, I	TASB, Inc.			Customer		492789
		PO Box	975112	2	Invo	ice		577999
		Dallas,	TX 753	97-511	2 Bala	nce Due		\$335.00
Payment Amount		<u>-</u>		Check	Enclosed	YES	NO	
То рау	y by credit card (VISA/MC/AME	X), please	comple	ete all o	of the follow	ving infor	mation:	
Card Number			Exp D	ate			CVV#	
Cardholder Name		Billing	Street					· · · ·
Billing Zip	Phone #							
Signature		k			Date			
Email Address for					· · · · · · ·			
credit card receipt								
Credit card payments can be received at our secure fax number (512) 467-3515.								

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Date:

Cost Center

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Janet Ward CYPRESS-FAIRBANKS ISD PO BOX 692003 HOUSTON TX 77269-2003

Notes:			Terms Due Date	Net 30 Days 10/1/2020	
Qty	Units	Description		Unit Price	Total
1.00	EA	Policy On Line Maintenance		1,125.00	1,125.00
		for 09/01/2020 - 08/31/2021			

Subtotal	\$1,125.00
Tax	
Balance Due	\$1,125.00

REMITTANCE		TASB, Inc.		Cust	Customer		1101907	
		PO Box 9751	12	Invoi	се		582779	
		Dallas, TX 7	5397-51	12 Bala	nce Due		\$1,125.00	
Payment Amount			Cheo	k Enclosed	YES	NO		
То раз	y by credit card (VISA/MC/AME)	(), please com	plete all	of the follow	ving infor	mation:		
Card Number		Ex	Date			CVV#		
Cardholder Name		Billing Stree	et	·········		***************************************		
Billing Zip	Phone #							
Signature				Date				
Email Address for								
credit card receipt								
C	Credit card payments can be received at our secure fax number (512) 467-3515.							

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INVOICE

Janet Ward CYPRESS-FAIRBANKS ISD PO BOX 692003 HOUSTON TX 77269-2003

Notes:			Terms Due Date	Net 30 Days 10/1/2020	
Qty	Units	Description		Unit Price	Total
1.00	EA	Policy Service Subscription		2,000.00	2,000.00
		for 09/1/2020 - 08/31/2021			·

Subtotal	\$2,000.00				
Тах					
Balance Due	\$2,000,00				

Please detach this stub and return it with your payment.

REMITTANCE		TASB, Inc.			Cust	Customer		1101907
		PO Box	975112	2	Invoi	се		581752
		Dallas, 1	FX 753	97-511	2 Bala	nce Due		\$2,000.00
Payment Amount		•		Check	Enclosed	YES	NO	
То раз	y by credit card (VISA/MC/AME	X), please	compl	ete all	of the follow	ving infor	mation:	
Card Number			Exp [Date			CVV#	
Cardholder Name		Billing	Street					
Billing Zip	Phone #					8		
Signature					Date			***************************************
Email Address for credit card receipt								
C	Credit card payments can be received at our secure fax number (512) 467-3515.							

 Page:
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 Date:
 9/1/2020

 Cost Center
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 1101907

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Page:	•	P2103275
Date:		

Cost Center

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Customer

Invoice

1 7/22/2020 545

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INVOICE

Janet Ward CYPRESS-FAIRBANKS ISD PO BOX 692003 HOUSTON TX 77269-2003

Notes:			Terms Due Date	Net 30 Days 8/21/2020	
Qty 9.00	Units PG	Description Local District Update 2020.03 Unique Policy Changes		Unit Price 34.00	Total 306.00
		CE, FDB, FM			

Subtotal	\$306.00
Тах	
Balance Due	\$306.00

R	EMITTANCE	TASB, Ir	1C.	······		Custo	omer	[1101907
		PO Box	975112	2		Invoid	ce		581277
		Dallas, 1	TX 753	97-511	2	Balar	nce Due		\$306.00
Payment Amount				Check	Enclos	sed	YES	NO	
То рау	To pay by credit card (VISA/MC/AMEX), please complete all of the following information:								
Card Number			Exp D	ate				CVV#	
Cardholder Name		Billing	Street						
Billing Zip	Phone #								
Signature					Date				
Email Address for	T								
credit card receipt									
C	redit card payments can be rec	eived at o	ur secu	ure fax	numbe	er (51)	2) 467-35	15.	

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Date:

Invoice

Cost Center

P.O. Number Customer



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Janet Ward CYPRESS-FAIRBANKS ISD PO BOX 692003 HOUSTON TX 77269-2003

Notes:	Terms Due Date	Net 30 Days 9/5/2020	
Qty Units Description 1.00 EA TASB Localized Update 11	5	Unit Price 1,178.25	Total 1,178.25

Subtotal	[•] \$1,178.25
Tax	
Balance Due	\$1,178.25

REMITTANCE		TASB, Inc.		C	Customer			1101907	
		PO Box	PO Box 975112		l II	nvoic	e		585095
		Dallas, 1	TX 753	97-511	2 B	Balan	ice Due		\$1,178.25
Payment Amount				Check	(Enclose	ed	YES	NO	
To pay by credit card (VISA/MC/AMEX), please complete all of the following information:									
Card Number			Exp C	Date		w	····	CVV#	
Cardholder Name		Billing	Street					1	
Billing Zip	Phone #			.				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Signature		£			Date				
Email Address for credit card receipt								H-A	
C	redit card payments can be rec	eived at o	ur seci	ure fax	number	r (512	2) 467-35	15.	

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Date:

Cost Center

P.O. Number

Customer

Invoice

Janet Ward CYPRESS-FAIRBANKS ISD PO BOX 692003 HOUSTON TX 77269-2003

Notes:			Terms Due Date	Net 30 Days 9/16/2020	
Qty 3.00	Units EA	Description Local District Update 2020.04 DIA, FB, FFH (Exhibits)		Unit Price 20.00	Total 60.00

Subtotal	\$60.00
Tax	
Balance Due	\$60.00

REMITTANCE		TASB, Inc.			Cu	Customer		1101907
		PO Box	975112	2	Inv	oice		587029
		Dallas, 1	TX 753	97-511	2 Bal	ance Due	:	\$60.00
Payment Amount					k Enclosed	YES		
То рау	y by credit card (VISA/MC/AME)	(), please	compl	ete all	of the follo	wing info	ormation:	
Card Number			Exp [Date			CVV#	
Cardholder Name		Billing	Street	I				
Billing Zip	Phone #							
Signature					Date			
Email Address for								
credit card receipt								
C	Credit card payments can be received at our secure fax number (512) 467-3515.							
			·		······································			

P.O. Box 400 • Austin, Texas 78767-0400 12007 Research Blvd. • Austin, Texas 78759-2439 512.467.0222 • 800.580.8272 • tasb.org	Page: Date: Cost Center P.O. Number Customer Invoice	1 9/1/2020 546 1101907 580401
Serving Texas Schools Since 1949		
	E	
Holly Reichert CYPRESS-FAIRBANKS ISD PO BOX 692003 HOUSTON TX 77269-2003		P2102374

Notes:	Terms Due Date	Net 30 Days 10/1/2020

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1.00	EA	BoardBook Subscription	1.250.00	1.250.00
		· · · · · · · · · · · · · · · · · · ·	1,200:00	1,200.00
		Annual Support		

9/1/2020-8/31/21 Billing Cycle

Subtotal	\$1,250.00
Тах	
M.F.Ibher Diezes	

	Please de	tach this st	ub and re	turn it v	with you	ur paym	ent.			
REMITTANCE		TASB, Inc. PO Box 975112		C	Customer Invoice			1101907 580401		
m			Dallas,	TX 753	97-5112	2 8	Balanc	e Due		\$1,250.00
Payment Amount						Enclose		YES	NO	
То раз	/ by credit card (VIS	A/MC/AME)	K), please	compl	ete all c	of the fo	llowin	a infor	mation:	
Card Number				Exp				3	CVV#	
Cardholder Name			Billing	Street		1			I	
Billing Zip		Phone #			1				<u></u>	
Signature		L				Date				
Email Address for				·						
credit card receipt										
C	redit card payments	can be rec	eived at o	ur seci	ure fax	number	(512)	467-35	15.	N anifina ana ang ang ang ang ang ang ang ang a

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Mark Henry Cypress-Fairbanks ISD 10300 Jones Road Houston, TX 77065



Invoice

Number	600029
Invoice date	9/17/2020
Page	1 of 1
Date and time	9/22/2020 3:17 PM
Sales order	TASB-000147
Requisition	
Your reference	
Our reference	BEVERLY HURBACE
Payment	Net 30 Days
Invoice account	101907
Payment reference	
Due date	10/17/2020

ltem					Discount	
number	Item description	External reference	Quantity Unit	Unit price	dollars	Amount
POL028	Local District Update 2020	.05	3.00 Ea	36.00	0.00	108.00
	Unique Policy Changes					
	FFH					

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• *

Sales subtotal amount	Total discount	Total charges	Net amount	Sales tax	Total
\$108.00	0.00	0.00	108.00	0.00	\$108.00 USD

Due date 10/17/2020

Remittance Ado	iress:	TASB, Inc. PO Box 975112 Dallas, TX 75397-5112		Customer Invoice Balance due		101907 600029 \$108.00
т	o pay by crec	dit card, complete the following info	ormation and send to	our secure fax at		
Card Number			Exp Date		CVV#	
Cardholder Name			Phone #			
Billing Address, State, Zip						
Signature			Date			
Email Address for credit card receipt						

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Cypress-Fairbanks ISD 10300 Jones Road Houston, TX 77065



Invoice

Number	601567
Number	001007
Invoice date	10/20/2020
Page	1 of 1
Date and time	10/20/2020 11:24 AM
Sales order	TASB-002912
Requisition	
Your reference	P2105653
Our reference	Jasmine Baker
Payment	Net 30 Days
Invoice account	101907
Payment reference	
Due date	11/19/2020

Item							Discount	
number	Item description	Ext	ernal reference		Quantity Unit	Unit price	dollars	Amount
BDEV011	txEDCON2020 - TASA/TA	SB Tho	omas Jackson		1.00	325.00	0.00	325.00
	Convention							
BDEV011	txEDCON2020 - TASA/TA	SB Joh	n Ogletree		1.00	325.00	0.00	325.00
	Convention							
BDEV011	txEDCON2020 - TASA/TA	SB Ma	rk Henry		1.00	325.00	0.00	325.00
	Convention							
BDEV011	txEDCON2020 - TASA/TA	SB Do	n Ryan		1.00	325.00	0.00	325.00
	Convention							
BDEV011	txEDCON2020 - TASA/TA	SB Del	obie Blackshear		1.00	325.00	0.00	325.00
	Convention							
BDEV011	txEDCON2020 - TASA/TA	SB Juli	e Hinaman		1.00	325.00	0.00	325.00
	Convention							
BDEV011	txEDCON2020 - TASA/TA	SB Gill	pert Sarabia		1.00	325.00	0.00	325.00
	Convention							
Sales su	btotal Total	Total						
a	mount discount c	narges	Net amount	Sales tax	Total			
\$2	,275.00 0.00	0.00	2,275.00	0.00	\$2,275.00 U	SD		

Due date

11/19/2020

Remittance Add	ress:	TASB, Inc. PO Box 975112 Dallas, TX 75397-5112		Customer Invoice Balance due		101907 601567 \$2,275.00
To pay by	credit card, com	plete the following information	n and send to our secu	ure fax at (512) 467-	3515	
Card Number			Exp Date		CVV#	
Cardholder Name			Phone #			
Billing Address, State, Zip						
Signature			Date			
Email Address for credit card receipt						

Page:	1
Date:	7/16/2020
Cost Center	525
P.O. Number	2001572
Customer	1101907
Invoice	581139

INVOICE

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CYPRESS-FAIRBANKS ISD PO BOX 692003 HOUSTON TX 77269-2003

Notes:		Terms Due Date	Net 30 Days 8/15/2020
Qty Units 1.00 EA	Description Consulting Services Individual District Services		Unit Price Total 7,500.00 7,500.00
	HR Services - Pay System Design Agre	ement (police only)	
	Attn: Kathleen Corbett		

Subtotal	\$7,500.00
Tax	
Balance Due	\$7,500.00

Please detach this stub and return it with your payment. REMITTANCE TASB, Inc. Customer 1101907 PO Box 975112 Invoice 581139 \$7,500.00 Dallas, TX 75397-5112 Balance Due Payment Amount Check Enclosed YES NO To pay by credit card (VISA/MC/AMEX), please complete all of the following information: Card Number Exp Date CVV# Cardholder Name **Billing Street Billing Zip** Phone # Signature Date Email Address for credit card receipt Credit card payments can be received at our secure fax number (512) 467-3515.



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Page: Date: Cost Center P.O. Number Customer Invoice 1 9/1/2020 525

1101907 586111

INVOICE

Deborah Stewart CYPRESS-FAIRBANKS ISD PO BOX 692003 HOUSTON TX 77269-2003

Notes:			Terms	Net 30 Days	· · · · · · · · · · · · · · · · · · ·
			Due Date	10/1/2020	
		4m 44 - W - C - C - C - C - C - C - C - C - C	· · · · · · · · · · · · · · · · · · ·		
Qty	Units	Description		Unit Price	Total
1.00	EA	Annual Subscription Renewal		3.000.00	3.000.00

Fee to HR Services Enrollment Group 50,000+

October 1, 2020 thru September 30, 2021

Subtotal.	\$3,000.00
Tax	
Balance Due	\$3,000.00

REMITTANCE		ASB, In	IC.			Custo	omer		1101907
	P	O Box	975112			Invoi	ce		586111
	D)allas, T	X 7539	97-511	2	Balar	nce Due		\$3,000.00
				Check	(Enclo	sed	YES	NO	
v by credit card (VISA/MC/	AMEX),	please	comple	ete all	of the	follow	ing inforr	nation:	
			Exp D	ate				CVV#	
		Billing	Street						
Phon	ne#								
					Date				
redit card payments can b	e receiv	ved at o	ur secu	ure fax	numb	er (51	2) 467-35	15.	
	v by credit card (VISA/MC/	y by credit card (VISA/MC/AMEX),	PO Box Dallas, T v by credit card (VISA/MC/AMEX), please Billing Phone #	PO Box 975112 Dallas, TX 753 by credit card (VISA/MC/AMEX), please comple Exp D Billing Street Phone #	PO Box 975112 Dallas, TX 75397-511 Check by credit card (VISA/MC/AMEX), please complete all Exp Date Billing Street Phone #	PO Box 975112 Dallas, TX 75397-5112 Check Enclo / by credit card (VISA/MC/AMEX), please complete all of the Exp Date Billing Street Phone # Date	PO Box 975112 Invoid Dallas, TX 75397-5112 Balar Check Enclosed by credit card (VISA/MC/AMEX), please complete all of the follow Exp Date Billing Street Phone # Date	PO Box 975112 Dallas, TX 75397-5112 Invoice Balance Due Check Enclosed YES v by credit card (VISA/MC/AMEX), please complete all of the following inform Exp Date Billing Street Phone # Date	PO Box 975112 Invoice Dallas, TX 75397-5112 Balance Due Check Enclosed YES NO v by credit card (VISA/MC/AMEX), please complete all of the following information: CVV# Exp Date CVV# Billing Street Phone #

TASB Legal Assistance Fund

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Cypress-Fairbanks ISD 10300 Jones Road Houston, TX 77065



P2124673 RCd

Invoice

Number	600170
Invoice date	10/23/2020
Page	1 of 1
Date and time	10/23/2020 2:42 PM
Sales order	LAF-000171
Requisition	
Your reference	
Our reference	Gayla Lantzsch
Payment	Net 30 Days
Invoice account	101907
Payment reference	
Due date	1/31/2021

item						Discount	
number	Item description	External reference	Quantity	Unit	Unit price	dollars	Amount
LAF007	Legal Assistance Fund 2 >5,000 ADA	021 -	1.00	YR	500.00	0.00	500.00
	Association of School Be	nd was established in 1980 and is adm pards and the Texas Council of School re a statewide impact on public school	Attorneys. The purpos	se of the	Fund is to assist	school distric	

Sales subtotal amount	Total discount	Total charges	Net amount	Sales tax	Total
\$500.00	0.00	0.00	500.00	0.00	\$500.00 USD
Due date	1/	31/2021			

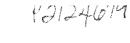
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Remittance Add	dress:	LAF PO Box 975112 Dallas, TX 75397-5112		Customer Invoice Balance due		101907 600170 \$500.00
Т	o pay by credi	t card, complete the following info	rmation and send to	our secure fax at		
Card Number			Exp Date		CVV#	
Cardholder Name			Phone #			
Billing Address, State, Zip						
Signature			Date			
Email Address for credit card receipt						

Texas Association of School Boards PO Box 400 | Austin, TX 78759 12007 Research Blvd | Austin, TX 78755

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Cypress-Fairbanks ISD PO Box 692003 Houston, TX 77269





Invoice

Number	602203
Invoice date	10/29/2020
Page	1 of 1
Date and time	10/29/2020 1:46 PM
Sales order	TASB-003779
Requisition	
Your reference	
Our reference	Gayla Lantzsch
Payment	Net 30 Days
Invoice account	101907
Payment reference	
Due date	1/31/2021

ltem						Discount	
number	Item description	External reference	Quantity	Unit	Unit price	dollars	Amount
TASB01	TASB Membership 2021		1.00	YR	11,000.00	0.00	11,000.00
	and capital outlay, and co your district serves as a fis	sip fee for school districts is based on t mmunity service (provided by TEA) mu ical agent for a shared services arrange the invoice below. The budget figure	Itiplied by a factor of ment, subtract the l	of 0.000 2018-19	2 (\$800 minimum) shared services a	, \$11,000 ma	ximum). If

Sales subtotal	Total	Total				
amount	discount	charges	Net amount	Sales tax	Total	
\$11,000.00	0.00	0.00	11,000.00	0.00	\$11,000.00 USD	
Due date	1/	31/2021				

Remittance Address:		TASB, Inc. PO Box 975112 Dailas, TX 75397-5112	PO Box 975112			101907 602203
						\$11,000.00
	record card,	complete the ronorming monthation				1
Card Number			Exp Date		CVV#	
Cardholder Name			Phone #			
Billing Address, State, Zip						
Signature			Date			
Email Address for credit card receipt						

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Cypress-Fairbanks ISD PO Box 692003 Houston, TX 77269



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Invoice

Number	603132
Invoice date	10/30/2020
Page	1 of 1
Date and time	10/30/2020 7:12 AM
Sales order	TASB-004741
Requisition	
Your reference	
Our reference	Dana Beebe
Payment	Net 30 Days
Invoice account	101907
Payment reference	
Due date	11/29/2020

ltem						Discount	
number	Item description	External reference	Quantity L	Unit	Unit price	dollars	Amount
BB010	BoardBook - Premier Tier 2		1.00 Y	ΥR	2,083.00	0.00	2,083.00
	Subscription Period						
	11/1/2020 - 8/31/2021						
BB005	Credit for Tier 1 payment		-1.00 Y	YR	1,041.00	0.00	-1,041.00
	over subscription period						
	9/1/2020 - 10/31/2020						

Sales subtotal	Total	Total			
amount	discount	charges	Net amount	Sales tax	Total
\$1,042.00	0.00	0.00	1,042.00	0.00	\$1,042.00 USD

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Due date 11/29/2020

Remittance Address:	TASB, Inc. PO Box 975112 Dallas, TX 75397-5112		Customer Invoice Balance due	10190 60313 \$1,042.0	
To pay by credi	t card, complete the following information	and send to our secu	re fax at (512) 467-3	515	
Card Number		Exp Date		CVV#	
Cardholder Name		Phone #			
Billing Address, State, Zip					
Signature		Date			
Email Address for credit card receipt					

PO Box 400 | Austin, TX 78759 12007 Research Blvd. | Austin, TX 78759 (512) 467-0222 | www.tasb.org

Cypress-Fairbanks ISD PO Box 692003 Houston, TX 77269



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Invoice

604881
1/21/2021
1 of 1
1/21/2021 12:27 PM
TASB-006869
Gail Ayers
Net 30 Days
101907
2/20/2021

ltem						Discount	
number	Item description	External reference	Quantity U	Jnit	Unit price	dollars	Amount
POL028	2020.06 Local District		6.00 Ea	a	36.00	0.00	216.00
	Update, Unique Policy						
	Changes						
	BF, DIA						

Sales subtotal	Total	Total			
amount	discount	charges	Net amount	Sales tax	Total
\$216.00	0.00	0.00	216.00	0.00	\$216.00 USD
Due date	2/	20/2021			

Remittance Address:		TASB, Inc. PO Box 975112 Dallas, TX 75397-5112	PO Box 975112			101907 604881 \$216.00
To pay by c	redit card, o	complete the following information	on and send to our sec	ure fax at (512) 467-	3515	
Card Number			Exp Date		CVV#	
Cardholder Name		· · · · · · · · · · · · · · · · · · ·	Phone #			
Billing Address, State, Zip						
Signature			Date			
Email Address for credit card receipt						

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(512) 467-0222 | www.tasb.org

Janet Ward Cypress-Fairbanks ISD PO Box 692003 Houston, TX 77269



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Invoice

Number	605728
Invoice date	2/11/2021
Page	1 of 1
Date and time	2/11/2021 8:18 AM
Sales order	TASB-008002
Requisition	
Your reference	
Our reference	Gail Ayers
Payment	Net 30 Days
Invoice account	101907
Payment reference	
Due date	3/13/2021

ltem <u>number</u>	ltem de	escription	Ext	ernal reference		Quantity	Unit	Unit price	Discount dollars	Amount
POL033	TASB Lo PDF onl	ocalized Updat y	te 116			1.00	Ea	776.00	0.00	776.00
	Configu X Pages Tally Pa									
Sales su		Total	Total							
-	mount	discount	charges	Net amount	Sales tax		Total			
	\$776.00	0.00	0.00	776.00	0.00	\$	776.00 L	טא		
Due date		3/	13/2021							

Remittance Address:		TASB, Inc. PO Box 975112 Dallas, TX 75397-5112		Customer Invoice Balance due		101907 605728 \$776.00
To pay by	credit card,	complete the following information	and send to our sec	ure fax at (512) 467-	3515	
Card Number			Exp Date		CVV#	
Cardholder Name			Phone #			
Billing Address, State, Zip						
Signature			Date			
Email Address for credit card receipt						

P2137459



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Page:	
Date:	
Cost Center	
P.O. Number	
Customer	
Invoice	

1 76/18/2020 545 received 1101907 578936

Serving Texas Schools Since 1949

PAST DUE

Janet Ward CYPRESS-FAIRBANKS ISD PO BOX 692003 HOUSTON TX 77269-2003

Notes:		· · · · · · · · · · · · · · · · · · ·	Terms Due Date	Net 30 Days 7/18/2020	
Qty 4.00	Units PG	Description Local District Update 2020.02 Unique Policy Changes		Unit Price 34.00	Total 136.00
		ЕНВВ			

Subtotal	\$136.00
Tax	
Balance Due	 \$136.00

R	TASB, In	IC.		Cust	omer		1101907		
		PO Box	975112	2	Invo	ice		578936	
		Dallas, T	X 753	97-511	2 Bala	nce Due		\$136.00	
Payment Amount				Chec	(Enclosed	YES	NO		
To pay by credit card (VISA/MC/AMEX), please complete all of the following information:									
Card Number			Exp D	ate			CVV#		
Cardholder Name	· · · · · · · · · · · · · · · · · · ·	Billing	Street						
Billing Zip	Phone #								
Signature					Date				
Email Address for				A		· - · · · · · · · · · · · · · · · · · ·			
credit card receipt			<u> </u>						
Credit card payments can be received at our secure fax number (512) 467-3515.									

Texas Association of School Boards 12007 Research Blvd. | Austin, TX 78759 (512) 467-0222 | www.tasb.org

Janet Ward Cypress-Fairbanks ISD PO Box 692003 Houston, TX 77269



Invoice

Number	606148
Invoice date	3/4/2021
Page	1 of 1
Date and time	3/4/2021 8:53 AM
Sales order	TASB-008585
Requisition	
Your reference	
Our reference	Kaitlyn Fierst
Payment	Net 30 Days
Invoice account	101907
Payment reference	
Due date	4/3/2021

ltem					Discount	
number	Item description	External reference	Quantity Unit	Unit price	dollars	Amount
POL028	2021.01 Local District		1.00 Ea	36.00	0.00	36.00
	Update, Unique Policy					
	Changes FNF					

Sal	es subtotal	Total	Total				
	amount	discount	charges	Net amount	Sales tax	Total	
	\$36.00	0.00	0.00	36.00	0.00	\$36.00 USD	_
Due	date	4/	3/2021				

Remittance Address: TASB, Inc. Customer 101907 PO Box 975112 Invoice 606148 Dallas, TX 75397-5112 Balance due \$36.00 To pay by credit card, complete the following information and send to our secure fax at (512) 467-3515 Card Number CVV# Exp Date Cardholder Name Phone # Billing Address, State, Zip Signature Date Email Address for credit card receipt

(512) 467-0222 | www.tasb.org

Cypress-Fairbanks ISD PO Box 692003 Houston, TX 77269



20

Number	605536
Invoice date	2/5/2021
Page	1 of 1
Date and time	2/5/2021 10:13 AM
Sales order	TASB-007944
Requisition	
Your reference	P2133138
Our reference	Jasmine Baker
Payment	Net 30 Days
Invoice account	101907
Payment reference	
Due date	3/7/2021

item			Discount					
number	Item description	External reference	Quantity Unit	Unit price	dollars	Amount		
BDEV003	Governance Camp -	Debbie Blackshear	1.00 Ea	395.00	0.00	395.00		
	March 3 - 6, 2021							
BDEV003	Governance Camp -	Julie Hinaman	1.00 Ea	395.00	0.00	395.00		
	March 3 - 6, 2021			205.00	• • •	205.00		
BDEV003	Governance Camp -	Gilbert Sarabia	1.00 Ea	395.00	0.00	395.00		
	March 3 - 6, 2021							

Sales subtotal amount	Total discount	Total charges	Net amount	Sales tax	Total
\$1,185.00	0.00	0.00	1,185.00	0.00	\$1,185.00 USD
Due date	3/	7/2021			

Remittance Add	ress:	TASB, Inc. PO Box 975112 Dallas, TX 75397-5112		Customer Invoice Balance due		101907 605536 \$1,185.00
To pay by	redit card, com	plete the following information	and send to our secu	re fax at (512) 467-3	515	
Card Number			Exp Date		CVV#	
Cardholder Name			Phone #			
Billing Address, State, Zip						
Signature			Date			
Email Address for credit card receipt						

TASB ®

Invoice

Number	608605
Invoice date	5/21/2021
Page	1 of 1
Date and time	5/21/2021 9:05 AM
Sales order	TASB-012618
Requisition	
Your reference	P2154207
Our reference	Jasmine Baker
Payment	Net 30 Days
Invoice account	101907
Payment reference	
Due date	6/20/2021

ltem			Discount					
<u>number</u>	Item description	External reference	Quantity Unit	Unit price	dollars	Amount		
BDEV016	Summer Leadership Institute - Virtual June 24 - June 26, 2021	Julie Hinaman	1.00 Ea	335.00	0.00	335.00		

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	Sales subtotal	Total	Total				
	amount	discount	charges	Net amount	Sales tax	Total	
-	\$335.00	0.00	0.00	335.00	0.00	\$335.00 USD	_
I	Due date	6/	20/2021				

Remittance Ado	lress:	TASB, Inc. PO Box 975112 Dallas, TX 75397-5112		Customer Invoice Balance due		101907 608605 \$335.00
To pay by	/ credit card,	complete the following information	and send to our sec	ure fax at (512) 467-3	515	
Card Number			Exp Date		CVV#	
Cardholder Name			Phone #			
Billing Address, State, Zip						
Signature			Date			
Email Address for credit card receipt						

Cypress-Fairbanks ISD PO Box 692003 Houston, TX 77269 **Texas Association of School Boards** 12007 Research Blvd. | Austin, TX 78759 .

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608732
5/21/2021
1 of 1
5/21/2021 9:16 AM
TASB-012968
P2153752
Jasmine Baker
Net 30 Days
101907
6/20/2021

ltem			Discount					
<u>number</u>	Item description	External reference	Quantity Unit	Unit price	dollars	Amount		
BDEV016	Summer Leadership Institute - Virtual June 24 - June 26, 2021	Debbie Blackshear	1.00 Ea	335.00	0.00	335.00		

Sales subtotal	Total	Total			
amount	discount	charges	Net amount	Sales tax	Total
\$335.00	0.00	0.00	335.00	0.00	\$335.00 USD
ue date	6/	20/2021			

Remittance Addı	ess:	TASB, Inc. PO Box 975112 Dallas, TX 75397-5112		Customer Invoice Balance due		101907 608732 \$335.00
To pay by	credit card,	complete the following information	n and send to our sec	ure fax at (512) 467-	3515	
Card Number		-	Exp Date		CVV#	
Cardholder Name			Phone #			
Billing Address, State, Zip						
Signature			Date			
Email Address for credit card receipt		· · · · ·			-	

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TASB ®

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Invoice

Number	608738
Invoice date	5/21/2021
Page	1 of 1
Date and time	5/21/2021 9:17 AM
Sales order	TASB-013002
Requisition	
Your reference	P2153752
Our reference	Jasmine Baker
Payment	Net 30 Days
Invoice account	101907
Payment reference	
Due date	6/20/2021

ltem					Discount	
<u>number</u>	Item description	External reference	Quantity Unit	Unit price	dollars	Amount
BDEV016	Summer Leadership Institute - Virtual June 24 - June 26, 2021	Gilbert Sarabia	1.00 Ea	335.00	0.00	335.00

	Sales subtotal	Total	Total				
_	amount	discount	charges	Net amount	Sales tax	Total	
	\$335.00	0.00	0.00	335.00	0.00	\$335.00 USD	
C)ue date	6/	20/2021				

Remittance Address:		TASB, Inc. PO Box 975112 Dallas, TX 75397-5112	PO Box 975112			101907 608738 \$335.00
To pay by	credit card,	complete the following information	and send to our secu	re fax at (512) 467-3	3515	
Card Number			Exp Date		CVV#	
Cardholder Name			Phone #			
Billing Address, State, Zip						
Signature			Date			
Email Address for credit card receipt						

Cypress-Fairbanks ISD PO Box 692003 Houston, TX 77269

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HARRY WRIGHT CYPRESS-FAIRBANKS ISD PO BOX 692003 Houston, TX 77269



Invoice

Number	627729
Invoice date	7/1/2022
Page	1 of 1
Date and time	6/30/2022 3:52 PM
Sales order	TASB-043647
Requisition	
Your reference	
Our reference	Annette Moseley
Payment	Net 30 Days
Invoice account	492789
Payment reference	
Due date	8/1/2022

reg. 23000781

Item		Discount					
number	Item description	External reference	Quantity	Unit	Unit price	dollars	Amount
LEG020	Council of School Attor	neys	1.00	YR	150.00	0.00	150.00
	July 1, 2022 - June 30, 2	2023					
	A NEW APPLICATION N						
	TO BE ELIGIBLE FOR CS	A MEMBERSHIP					

Membership in the Texas Council of School Attorneys (CSA) requires membership in the NSBA Council Of School Attorneys. The total amount reflected on this invoice must be paid in full to join the Texas CSA.

Sales subtotal amount	Total discount	Total charges	Net amount	Sales tax	Total
\$150.00	0.00	0.00	150.00	0.00	\$150.00 USD
Due date	8/	1/2022			

Remittance Address:		TASB, Inc. PO Box 975112 Dallas, TX 75397-5112		Customer Invoice Balance due		492789 627729 \$150.00
To pay by c	redit card,	complete the following information	and send to our secu	re fax at (512) 467-3	515	
Card Number			Exp Date		CVV#	
Cardholder Name	1		Phone #			
Billing Address, State, Zip						
Signature			Date		N. ISA	
Email Address for credit card receipt		-				



Invoice

Number	627696
Invoice date	7/1/2022
Page	1 of 1
Date and time	6/30/2022 4:00 PM
Sales order	TASB-043614
Requisition	
Your reference	
Our reference	Annette Moseley
Payment	Net 30 Days
Invoice account	463208
Payment reference	
Due date	8/1/2022

Discount Item dollars Amount Unit price **Quantity Unit External reference** Item description number 150.00 0.00 150.00 1.00 YR **Council of School Attorneys** LEG020 July 1, 2022 - June 30, 2023 A NEW APPLICATION MUST BE SUBMITTED EACH YEAR TO BE ELIGIBLE FOR CSA MEMBERSHIP

Membership in the Texas Council of School Attorneys (CSA) requires membership in the NSBA Council Of School Attorneys. The total amount reflected on this invoice must be paid in full to join the Texas CSA.

Sales subtotal amount	Total discount	Total charges	Net amount	Sales tax	Total
\$150.00	0.00	0.00	150.00	0.00	\$150.00 USD

8/1/2022

Due date

463208 Customer TASB, Inc. **Remittance Address:** 627696 PO Box 975112 Invoice Dallas, TX 75397-5112 \$150.00 **Balance** due To pay by credit card, complete the following information and send to our secure fax at (512) 467-3515 CVV# Exp Date Card Number Phone # Cardholder Name Billing Address, State, Zip Date Signature Email Address for credit card receipt

MARNEY COLLINS SIMS CYPRESS-FAIRBANKS ISD 10300 JONES RD HOUSTON, TX 77065

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> Janet Ward Cypress-Fairbanks ISD PO Box 692003 Houston, TX 77269



Number	629353
Invoice date	7/22/2022
Page	1 of 1
Date and time	7/22/2022 3:04 PM
Sales order	TASB-046392
Requisition	
Your reference	
Our reference	Gail Ayers
Payment	Net 30 Days
Invoice account	101907
Payment reference	
Due date	8/21/2022

Item									Discount	
number	Item de	scription	Ext	ernal reference		Quantity	Unit	Unit price	dollars	Amount
POL033	TASB Lo	calized Updat y, No hard cop				1.00	Ea	1,440.00	0.00	1,440.00
	Configu X Pages Tally Pa									
Sales su	ubtotal amount	Total discount	Total charges	Net amount	Sales tax		Total			
	1,440.00	0.00	0.00	1,440.00	0.00	\$1,	440.00 L	JSD		
Due date	8/21/2022									

Remittance Address:	TASB, Inc. PO Box 975112 Dallas, TX 75397-5112	Custo Invoic	e	101907 629353
		Balane	ce due	\$1,440.00
To pay by cred	it card, complete the following information	on and send to our secure fax at	(512) 467-3515	
Card Number		Exp Date	CVV#	
Cardholder Name		Phone #		
Billing Address, State, Zip				
Signature		Date		
Email Address for credit card receipt	2			

12007 Research Blvd. | Austin, TX 78759 (512) 467-0222 | www.tasb.org

Invoice

Number	629016
Invoice date	9/1/2022
Page	1 of 1
Date and time	7/14/2022 10:46 AM
Sales order	TASB-045598
Requisition	
Your reference	
Our reference	Dana Beebe
Payment	Net 30 Days
Invoice account	101907
Payment reference	
Due date	10/30/2022

101907

629016

\$2,500.00

CVV#

Item					Discount			
number	Item description	External reference	Quantity	Unit	Unit price	dollars	Amount	
BB010	BoardBook - Premier Tier	2	1.00	YR	2,500.00	0.00	2,500.00	
	Subscription Period							
	09/01/2022 - 08/31/2023							

Sales subtotal amount	Total discount	Total charges	Net amount	Sales tax	Total
\$2,500.00	0.00	0.00	2,500.00	0.00	\$2,500.00 USD
Due date	10	/30/2022			

TASB, Inc. Customer **Remittance Address:** PO Box 975112 Invoice Dallas, TX 75397-5112 **Balance due** To pay by credit card, complete the following information and send to our secure fax at (512) 467-3515 Exp Date Card Number

Cardholder Name	Phone #
Billing Address, State, Zip	
Signature	Date
Email Address for credit card receipt	

Holly Reichert Cypress-Fairbanks ISD PO Box 692003 Houston, TX 77269

> Janet Ward Cypress-Fairbanks ISD PO Box 692003 Houston, TX 77269



Invoice

Number		63	2836			
Invoice date		9/1/	2022			
Page	1	of	1			
Date and time	8/23/2022 2:16 PM					
Sales order	Т	AS8-05	5983			
Requisition						
Your reference						
Our reference		Gail	Ayers			
Payment		Net 30	Days			
Invoice account		10	1907			
Payment reference						
Due date		10/1,	2022			

230009408

Item						Discount	
number	Item description	External reference	Quantity	Unit	Unit price	dollars	Amount
POL010	Policy Service Membershi	ip	1.00	YR	2,250.00	0.00	2,250.00
	Enrollment Over 50,000	•					
	09/01/2022 - 08/31/2023						
POL063	Policy Online Software		1.00	YR	1,200.00	0.00	1,200.00
	10,000 + Enrollment						
	09/01/2022 - 08/31/2023						
						6	
Sales s	ubtotal Total	Total					
				10000 C C C C C C C C C C C C C C C C C			

amount	discount	charges	Net amount	Sales tax	Total
\$3,450.00	0.00	0.00	3,450.00	0.00	\$3,450.00 USD
Due date	10)/1/2022			

Remittance Addres	Remittance Address: TASB, Inc. PO Box 975112 Dallas, TX 75397-5112			Customer Invoice Balance due		101907 632836 \$3,450.00	
To pay by cr	edit card, comple	ete the following information	and send to our seco	ure fax at (512) 467-3	515		
Card Number			Exp Date		CVV#		
Cardholder Name			Phone #				
Billing Address, State, Zip			-				
Signature			Date			1 L	
Email Address for credit card receipt	1 ²						



Janet Ward	Number 625706
Cypress-Fairbanks ISD	Invoice date 5/13/2022
PO Box 692003 Houston, TX 77269	Page 1 of 1 Date and time 9/13/2022 2:09 PM Sales order TASB-039897 Requisition Your reference
	Our referenceKatie FierstPaymentNet 30 DaysInvoice account101907Payment reference101907
	Due date 6/12/2022

Item									Discount	
number	ltem de	scription	Ext	ernal reference		Quantity	Unit	Unit price	dollars	Amount
POL020	Local Di	strict Update	- Base			2.00	Ea	22.00	0.00	44.00
	Version	Policy Change	es							
POL028	2022.01	Local District				1.00	Ea	36.00	0.00	36.00
	Update,	Unique Policy	1							
	Change	s								
	CH, EHE	, EHBAA								
Sales su	ibtotal	Total	Total							
2	mount	discount	charges	Net amount	Sales tax		Total			
	\$80.00	0.00	0.00	80.00	0.00		\$80.00	USD		
Due date		6/	12/2022							

101907 **Remittance Address:** TASB, Inc. Customer PO Box 975112 Invoice 625706 Dallas, TX 75397-5112 \$80.00 **Balance due** To pay by credit card, complete the following information and send to our secure fax at (512) 467-3515 Exp Date CVV# Card Number Phone # Cardholder Name Billing Address, State, Zip Signature Date Email Address for credit card receipt

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Barbara Bever Cypress-Fairbanks ISD PO Box 692003 Houston, TX 77269



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Invoice

Number	635006
Invoice date	10/13/2022
Page	1 of 1
Date and time	10/13/2022 8:59 AM
Sales order	TASB-058218
Requisition	
Your reference	
Our reference	Katie Fierst
Payment	Net 30 Days
Invoice account	101907
Payment reference	
Due date	11/12/2022

Item				Discount			
number	Item description	External reference	Quantity Unit	Unit price	dollars	Amount	
POL028	2022.03 Local District Update, Unique Policy		2.00 Ea	38.00	0.00	76.00	
	Changes BED, EFA, EFB, FM, FNAB						

Sales subtotal amount	Total discount	Total charges	Net amount	Sales tax	Total
\$76.00	0.00	0.00	76.00	0.00	\$76.00 USD

Due date 11/12/2022

Remittance Address:		TASB, Inc. PO Box 975112 Dallas, TX 75397-5112		Customer Invoice Balance due	101907 635006 \$76.00
To pay by	credit card,	complete the following information	n and send to our secur	e fax at (512) 467-3	3515
Card Number			Exp Date		CVV#
Cardholder Name			Phone #		
Billing Address, State, Zip					
Signature			Date	1	
Email Address for credit card receipt					

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Invoice

Number	636580
Invoice date	10/31/2022
Page	1 of 1
Date and time	11/3/2022 3:37 PM
Sales order	TASB-060112
Requisition	
Your reference	
Our reference	Katie Fierst
Payment	Net 30 Days
Invoice account	101907
Payment reference	
Due date	11/30/2022

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Item						Discount	
number	Item description	External reference	Quantity I	Unit	Unit price	dollars	Amount
POL028	2022.04 Local District Update, Unique Policy Changes DBB, EED		3.00 E	Ea	38.00	0.00	114.00

Sales subtotal	Total	Total			
amount	discount	charges	Net amount	Sales tax	Total
\$114.00	0.00	0.00	114.00	0.00	\$114.00 USD
Due date	11	/30/2022			

Remittance Add	ress:	TASB, Inc. PO Box 975112 Dallas, TX 75397-5112		Customer Invoice Balance due	-	101907 636580 \$114.00
To pay by	credit card, com	plete the following information	and send to our sec	ure fax at (512) 467	-3515	
Card Number			Exp Date		CVV#	
Cardholder Name			Phone #			
Billing Address, State, Zip						
Signature			Date			
Email Address for credit card receipt						

Barbara Bever Cypress-Fairbanks ISD PO Box 692003 Houston, TX 77269

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Barbara Bever Cypress-Fairbanks ISD PO Box 692003 Houston, TX 77269



Invoice

Number	637453
Invoice date	12/15/2022
Page	1 of 1
Date and time	12/15/2022 8:21 AM
Sales order	TASB-061049
Requisition	
Your reference	
Our reference	Katie Fierst
Payment	Net 30 Days
Invoice account	101907
Payment reference	
Due date	1/14/2023

Item					Discount	
number	Item description	External reference	Quantity Unit	Unit price	dollars	Amount
POL028	2022.06 Local District Update, Unique Policy Changes EFA, FEA		2.00 Ea	38.00	0.00	76.00

Sales subtotal	Total	Total			
amount	discount	charges	Net amount	Sales tax	Total
\$76.00	0.00	0.00	76.00	0.00	\$76.00 USD
Due date	1/	14/2023			

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Customer 101907 TASB, Inc. **Remittance Address:** PO Box 975112 Invoice 637453 Dallas, TX 75397-5112 Balance due \$76.00 To pay by credit card, complete the following information and send to our secure fax at (512) 467-3515 Exp Date CVV# Card Number Cardholder Name Phone # Billing Address, State, Zip Date Signature Email Address for credit card receipt

TASB Legal Assistance Fund 12007 Research Blvd. | Austin, TX 78759 (512) 467-0222 | www.tasb.org

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Invoice

Number	601839
Invoice date	11/1/2022
Page	1 of 1
Date and time	10/13/2022 3:16 PM
Sales order	LAF-002620
Requisition	
Your reference	
Our reference	Annette Moseley
Payment	Net 30 Days
Invoice account	101907
Payment reference	
Due date	1/31/2023

Item					Discount			
number	Item description	External reference	Quantity Unit	Unit price	dollars	Amount		
LAF007	Legal Assistance Fund 2	023 -	1.00 YR	0.00	0.00	500.00		
	> 5,000 ADA							
	The Legal Assistance Fund was established in 1980 and is administered by a board of trustees made up of officers of the Texas							
	Association of School Boards, Texas Association of School Administrators, and the Texas Council of School Attorneys. The purpose of							
	the Fund is to assist school districts in litigating issues that have a statewide impact on public schools. Membership fee in the Fund is							

based on district ADA.

1/31/2023

amount discount charges Net amount Sales tax Total	subtotal	Total	Total			
	amount	discount	charges	Net amount	Sales tax	Total
\$500.00 0.00 0.00 500.00 0.00 \$500.00	\$500.00	0.00	0.00	500.00	0.00	\$500.00 USD

Due date

101907 **Remittance Address:** LAF Customer PO Box 975112 Invoice 601839 Dallas, TX 75397-5112 **Balance due** \$500.00 To pay by credit card, complete the following information and send to our secure fax at (512) 467-3515 CVV# Exp Date Card Number Phone # Cardholder Name Billing Address, State, Zip Date Signature Email Address for credit card receipt

Cypress-Fairbanks ISD PO Box 692003 Houston, TX 77269

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Cypress-Fairbanks ISD PO Box 692003 Houston, TX 77269



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Invoice

Number	635534
Invoice date	11/1/2022
Page	1 of 1
Date and time	10/14/2022 7:49 AM
Sales order	TASB-059043
Requisition	
Your reference	
Our reference	Michael Pennant
Payment	Net 30 Days
Invoice account	101907
Payment reference	
Due date	1/31/2023

Item						Discount	
number	Item description	External reference	Quantity	Unit	Unit price	dollars	Amount
TASB01	TASB Membership 2023		1.00	YR	0.00	0.00	11,000.00
	and capital outlay, and cor your district serves as a fise	ip fee for school districts is based on nmunity service (provided by TEA) m cal agent for a shared services arrang the invoice below. The budget figure	ultiplied by a factor ement, subtract the	of 0.000 2020-21	2 (\$800 minimum shared services a	, \$11,000 ma	ximum). If

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amount o	discount	charges	Net amount	Sales tax	Total
\$11,000.00	0.00	0.00	11,000.00	0.00	\$11,000.00 USD

Due date

1/31/2023

Remittance Add	ress:	TASB, Inc. PO Box 975112 Dallas, TX 75397-5112		Customer Invoice Balance due		101907 635534 511,000.00
To pay by	credit card, com	plete the following informatio	n and send to our sec	ure fax at (512) 467-3	3515	
Card Number			Exp Date		CVV#	
Cardholder Name			Phone #			
Billing Address, State, Zip						
Signature			Date			
Email Address for credit card receipt						

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Barbara Bever Cypress-Fairbanks ISD PO Box 692003 Houston, TX 77269



Invoice

Number		63	37132
Invoice date		12/1/	/2022
Page	1	of	1
Date and time	12/1/2	022 8:1	5 AM
Sales order	Т	ASB-06	50740
Requisition			
Your reference			
Our reference		Katie	Fierst
Payment		Net 30	Days
Invoice account		10	01907
Payment reference			
Due date		12/31,	/2022

Item					Discount	
number	Item description	External reference	Quantity Unit	Unit price	dollars	Amount
POL028	2022.05 Local District		2.00 Ea	38.00	0.00	76.00
	Update, Unique Policy				0.00	70.00
	Changes					
	FEC, EFA					

-

Sales subtotal amount	Total discount	Total charges	Net amount	Sales tax	Total
\$76.00	0.00	0.00	76.00	0.00	\$76.00 USD

Due date

12/31/2022

Remittance Add	ress:	TASB, Inc. PO Box 975112 Dallas, TX 75397-5112	Inv	stomer voice lance due	101907 637132 \$76.00
To pay by	credit card	, complete the following informatio			\$70.00
Card Number			Exp Date	1	
Cardholder Name			Phone #		
Billing Address, State, Zip					
Signature			Date	1	
Email Address for credit card receipt					

> Cypress-Fairbanks ISD PO Box 692003 Houston, TX 77269



Invoice

Number	638868
Invoice date	2/2/2023
Page	1 of 1
Date and time	2/2/2023 5:16 PM
Sales order	TASB-063157
Requisition	
Your reference	
Our reference	KATHIE RANDOLPH
Payment	Net 30 Days
Invoice account	101907
Payment reference	
Due date	3/4/2023

Item										Discount	
number	ltem de	scription	Ext	ernal reference		Quantity	Unit	Unit	price	dollars	Amount
HRS024	Pay Syst	em Review - S	Stipend			1.00	Ea	20,0	00.00	0.00	20,000.00
	Review (Only									
HRS028	Reimbu	rsable Expense	es -			1.00	Ea	1	00.96	0.00	100.96
	Travel E	penses for TA	ASB								
	Consulta	ant, Zachary H	lobbs								
	for one	trip to district	on								
	1/23/23										
Sales su	btotal	Total	Total	8							
	mount	discount	charges	Net amount	Sales tax		Total				
\$20	,100.96	0.00	0.00	20,100.96	0.00	\$20,7	100.96	USD	-		

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Due date 3/4/2023

Remittance Add	lress:	TASB, Inc. PO Box 975112 Dallas, TX 75397-5112		Customer Invoice Balance due		101907 638868 \$20,100.96
To pay by	/ credit card, comp	lete the following information	n and send to our secu	ure fax at (512) 467-3	3515	
Card Number			Exp Date		CVV#	
Cardholder Name			Phone #			
Billing Address, State, Zip						
Signature			Date			
Email Address for credit card receipt						

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Cypress-Fairbanks ISD	Number		63	1011
PO Box 692003	Invoice date	9/1/2022		
Houston, TX 77269	Page	1 /	of	1
	Date and time	8/5/2022	10:39	AM 6
	Sales order	TAS	B-05	3650
	Requisition			
	Your reference			
	Our reference	KATHIE RA	ANDC	DLPH
	Payment	Ne	et 30	Days
	Invoice account		10	1907
	Payment reference			
	Due date	ţ.	10/1/2	2022

					Discount	
number	Item description	External reference	Quantity Unit	Unit price	dollars	Amount
HRS005	HR Services Subscription Enrollment 50,001 +		1.00 YR	0.00	0.00	3,300.00
	Subscription Period 10/01/2022 - 09/30/2023 Your HR Services member invoice.	ship is governed by, and subject to, t	he HR Services Membership A	Agreement (v.08.	21) included v	vith this
		ship is governed by, and subject to, t	he HR Services Membership A	Agreemen	it (v.08.,	it (v.08.21) included v

Sales subtotal	Total	Total			
amount	discount	charges	Net amount	Sales tax	Total
\$3,300.00	0.00	0.00	3,300.00	0.00	\$3,300.00 USD
)ue date	10)/1/2022			

Remittano	ce Address:	TASB, Inc. PO Box 975112 Dallas, TX 75397-5112	Custom Invoice Balance	631011
То	pay by credit card,	complete the following information	and send to our secure fax at (512) 467-3515
Card Number			Exp Date	CVV#
Cardholder Name			Phone #	
Billing Address, State, Zi	p			
Signature			Date	
Email Address for credit receipt	card			