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INVOICE
Network Team Institute
January 17–19, 2012

New York State Education Department
Office of P-12 Education
EB Room 2M West
89 Washington Avenue
Albany, NY 12234
info@engageny.org

Organization Name: _____ Date: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Qty.	Description	Unit Cost	Total Cost
	Network Team Training January 17–19, 2012	\$122 each	

Participant Names (list all paid with this invoice)	School/District/Organization that participant is representing

Please print this invoice and mail with a check made payable to: **Regents Research Fund**

Mail to:
Michelle Vita
Office of P-12 Education
EB Room 2M West
NYS Education Department
89 Washington Avenue
Albany, NY 12234

