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INVOICE
Network Team Institute
November 2–3, 2011

New York State Education Department
Office of P-12
EB Room 2M
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 November 2–3, 2011	\$80 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
EB Room 2M
NYS Education Department
89 Washington Avenue
Albany, NY 12234

