

**CONFERENCE TRAVEL
REGISTRATION
PURCHASE ORDER**

Salisbury State University
Accounts Payable Dept
PO Box 2195
Salisbury, MD 21802-2195
(410) 543-6067 / 79
Fax: (410) 546-6200

P.O. Number: REGISTRATION _____

MAIL INVOICES TO ACCOUNTS PAYABLE AT INDICATED ADDRESS
PLEASE INDICATE YOUR FEDERAL TAX IDENTIFICATION OR SOCIAL SECURITY NO. ON ALL INVOICES SUBMITTED FOR PAYMENT

**TAX EXEMPTION NO. 30002563
FED ID NO. 52-6002033**

- | | |
|---|--|
| 1). To: <u>NCURA ERA III</u>
<u>ONE DUPONT CIRCLE NW, STE 220</u>
<u>WASHINGTON, DC 20036</u> | 3). Account Code to be Charged: <u>9-91029</u> |
| 2). FED IDENTIFICATION NO. _____ | 4). Date: <u>7/8/00</u> |
| | 5). Vendor Telephone Number: <u>(202) 466-3894</u> |
| | 6). Vendor Fax Number: <u>(202) 466-3895</u> |

PLEASE INDICATE TYPE OF TRAVEL:

7). INSTATE

FOR TRAVEL OFFICE USE ONLY:

8). OUT OF STATE

9). 1	10). ERA III 8/6/00 – 8/8/00	11). Jacqueline Eberts	12). \$ 470.00
SAMPLE			
TOTAL DUE			\$ 470.00

Please attach all ORIGINAL registration / conference materials, as well as the completed registration form (s) and submit as a set to the Accounts Payable Travel Office. Please **DO NOT FAX OR MAIL** any registration form in advance of Accounts Payable authorization.

13). Approved by: _____
SSU BUDGET ADMINISTRATOR

14). Authorized by: _____
ACCOUNTS PAYABLE TRAVEL OFFICER