

## School Office Fundamentals – Austin/Online

### Tuesday, September 28, 2021

The role of school office personnel is often filled with complex tasks, high stress and little time. This one-day workshop addresses many of the business-related tasks unique to campus-level accounting. Although designed for campus support staff and bookkeepers, this training is relevant for district office employees who need a greater understanding of best practices and essential school accounting principles.

Topics include account codes, activity funds, budget monitoring and amendment, cash management and petty cash, purchasing, records management and retention, and customer service.

In-Person (Max 20 Participants) TASBO Office – 5920 W. William Cannon Dr. Bld 1, Ste 200, Austin, TX 78749

Remote: Virtual Participation Via Zoom Platform (Instructions sent prior to event start)

**Part 1:** 9:00 AM - 12:00 PM | **Lunch:** 12:00 PM-1:30 PM | **Part 2:** 1:30 PM - 4:30 PM

**FEE:** \$225 Member | \$275 Non-Member

**PRESENTER:** Julie Novak, RTSBA, Chief Financial Officer, Fort Sam Houston ISD

**PREREQUISITE:** None

**CEU/CPE Hours:** 6/7

With questions about your REGISTRATION, please call 512.628.1283

With questions about PAYMENTS or INVOICES, please call 512.617.0074

**CANCELLATION POLICY:** Cancellations are only accepted **in writing**. Cancellations received seven (7) working days before the event are canceled in full, those received one (1) to six (6) working days before the event are canceled at 50 percent, and cancellations are not accepted the day of or after the event. If you do not cancel and/or do not attend, you are still responsible for payment. If TASBO cancels an event, you will be refunded in full.

Register online at [TASBO.org](https://www.tasbo.org) or return completed form by:

**Mail:** 5920 W. William Cannon;  
Bldg 1, Suite 200, Austin, Texas 78749

**Fax:** 512.462.1782

**Email:** [register@tasbo.org](mailto:register@tasbo.org) (**DO NOT** email CC info)

*Please PRINT clearly.*

Name: \_\_\_\_\_ Title: \_\_\_\_\_

District/Employer (*do not abbreviate*): \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Payment Method:**       PO \_\_\_\_\_       Check Enclosed       Credit Card

Cardholder Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Card Number: \_\_\_\_\_ EXP (MM/YY): \_\_\_\_\_

Billing Address: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_