

# Commodity Codes in Purchasing Workshop

With EDGAR regulations and the need to track aggregate spending, districts have been working to implement the use of commodity codes in their ERP system and associated procedures. This workshop by TASBO and its volunteer purchasing leaders help you discover your options and build an implementation plan. While this experience is open to anyone looking for strategies, we will have specific guidance for the following ERP applications: Frontline, PowerSchool, Skyward, Ascender, and Tyler.

**TIME:** March 21- 9:00 AM – 4:00 PM

**FEE:** \$235 Member | \$285 Non-Member

**PRESENTERS:** Candace Fuchs, RTSBA and Mark Vechione, MBA, RTSBA

**LOCATION:** Region 11 ESC - 1451 S. Cherry Lane, White Settlement, Texas, 76108- Innovate A & D

**FOOD:** Lunch will be provided for all attendees

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

**Cancellation Policy:** Cancellations are only accepted in writing. Cancellations received seven (7) working days before the event are cancelled in full, those received one (1) to six (6) working days before the event are cancelled 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. With questions regarding registration, payments, or changes, please email [register@tasbo.org](mailto:register@tasbo.org).

Register online [at TASBO.org](http://TASBO.org) or return the 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)

<i>Please PRINT clearly.</i>	
Name: _____	Title: _____
District/Employer ( <i>do not abbreviate</i> ): _____	
Contact Phone: _____	Email: _____
<b>Payment Method:</b>	<input type="checkbox"/> PO _____ <input type="checkbox"/> Check Enclosed <input type="checkbox"/> Credit Card
Cardholder Name: _____	Daytime Phone: _____
Card Number: _____	EXP (MM/YY): _____
Billing Address: _____	
Cardholder Signature: _____	
What ERP System Do You Use _____	
District Size (Select One): <input type="checkbox"/> Less than 5k <input type="checkbox"/> 5-10k <input type="checkbox"/> 10-20k <input type="checkbox"/> 20k+	
Where are you in this process? (Select One) <input type="checkbox"/> Haven't Started <input type="checkbox"/> Work In Progress <input type="checkbox"/> Well Established	