|  |  |  |
| --- | --- | --- |
| **Instructions:** This form must be completed and received by SCUSD at least 45 days prior to the start date of the PD event. | Request to Utilize | [ ]  Registration[ ]  Travel – ( [ ]  Flight or [ ]  Mileage) |
| **[ ]** Title I[ ]  Title II |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Name of School:** |  | **Submission Date:** |  |  |
|  | **PD Title:** |  | **Date of PD:** |  |  |
|  | **Vendor Name:** |  | **Location:** |  |  |
|  | **Contact Person:** |  | **Phone Number** |  |  |
| **Fax Number:** |  |
|  | **Name of Attendee(s)**(attach sheet for additional attendees) |  | **Position** | **–** | **Grade Level** |  | **E- Mail Address** |  |
|  |       |  |       | **–** |       |  |       |  |
|  |       |  |       | **–** |       |  |       |  |
|  |       |  |       | **–** |       |  |       |  |
|  |       |  |       | **–** |       |  |       |  |
|  |       |  |       | **–** |       |  |       |  |
|  | **Total Number of Attendees**: |       |  |
|  |
|  | **Funding (estimated) is requested for the following PD Components:** |  |
|  | **Component** | **Amount Per Attendee** |  | **Total For all Attendees** |  |
|  | [ ]  | Registration Fee |  |       |  |       |  |
|  | [ ]  | Meals (Breakfast, Lunch & Dinner) |  |       |  |       |  |
|  | [ ]  | Lodging |  |       |  |       |  |
|  | [ ]  | Transportation: |

|  |  |  |
| --- | --- | --- |
| [ ]  Mileage ( Private Car) | [ ]  Transport ( Shuttle / Taxi) | [ ]  Flight |

 |  |       |  |       |  |
|  | [ ]  | Other (Please Describe): |       |  |       |  |       |  |
|  | ***Total Estimate:*** |       |  |
|  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Requested By:** |  |  |  | **District Approval:** |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  | Principal or Department Head |  | Date |  | State and Federal Programs |  | Date |  |