|  |  |  |
| --- | --- | --- |
| **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:*** | | | | | | |  |  |
|  | | | | | | | | | | | | | | | | | | | |

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