

WILLIS ISD
PRIVATE NON-PROFIT

REQUEST for VENDOR CONTRACT for STAFF DEVELOPMENT at PNP

PROPOSED STAFF DEVELOPMENT

DATE OF TRAINING: _____ LOCATION: _____

TITLE OF PROPOSED STAFF DEVELOPMENT: _____

PURPOSE OF PROPOSED STAFF DEVELOPMENT: _____

CAMPUS NEED PROPOSED STAFF DEVELOPMENT ADDRESSES: _____

AUDIENCE FOR PROPOSED STAFF DEVELOPMENT: _____

VENDOR'S INFORMATION

VENDOR NAME: _____

EMAIL: _____ PHONE: _____

WEBSITE (IF APPLICABLE): _____

FEE FOR PROPOSED STAFF DEVELOPMENT: _____

DOCUMENTATION TO SEND WILLIS ISD

MINIMUM OF 1 MONTH PRIOR TO THE TRAINING:

1. THIS COMPLETED FORM

FOLLOWING THE TRAINING:

2. SIGN-IN ROSTER WITH ATTENDEE PRINTED NAME AND SIGNATURE, TRAINING DATE, NAME OF TRAINING, PRESENTER NAME
3. TRAINING AGENDA
4. WORKSHOP EVALUATION (PEARLAND ISD FORM)
5. VENDOR INVOICE

CAMPUS GOAL ADDRESSED: _____

PRINCIPAL SIGNATURE: _____ DATE: _____

COMPLETED BY: _____ SELECT TITLE FUND TO BE USED:

DISTRICT USE ONLY

ACCOUNT#: _____

DISTRICT SIGNATURE: _____ DATE: