Form must be submitted at least <u>6 weeks</u> prior to requested services & before entering a purchase req.

Requester Name :	quester Name :		Date:	
Site/Department:				
Vendor Requested:				
Vendor Contact Name:				
Vendor Phone:		_ Vendor Email:		
Scope of Work/Services (please be detailed):				
Does this professional development meet department goals? YES NO				
Which goals are met?	Curriculum	Counseling	Federal Programs	
Special Ed	Equity & Inclusion	Other:		
Requested Date(s) and time(s)):			
Is this the only time this school	ol year you anticipate	using this vendor?	YES NO	
Estimated Cost:	Funding Sou	rce(s):		
Is this vendor on contract?	YES NO			
If no, have 3 written quotes be	•	-	NO	
Quotes will only be required if exceeded \$10,000. Contact Pur		-	ending with the vendor has	
Requester Signature:			Date:	
Director of HR – Professional Pathways		Purc	hasing Department	

<u>Events are not authorized until the approved PD Request Form has been returned to your site.</u>

Purchase requisitions can be entered only after approval and must have the PD Request Form attached.