

PWMG TRAINING REQUEST FORM

I/we hereby request face-to-face training on subjects as follows:

- | | |
|---|--|
| <input type="checkbox"/> Purchasing Overview (30 mins) | <input type="checkbox"/> Board Items (30 minutes) |
| <input type="checkbox"/> Mailroom (1 hour) | <input type="checkbox"/> Graphics (1 hr) |
| <input type="checkbox"/> After-the-fact shopping cart (30 mins) | <input type="checkbox"/> Consultants – CCF-144s (1 hr) |
| <input type="checkbox"/> Statements of Work (SOW) (30 mins) | <input type="checkbox"/> Warehouse (1 hr) |
| <input type="checkbox"/> Competition & Demandstar (1.5 hrs) | <input type="checkbox"/> Recycling (1 hr) |
| <input type="checkbox"/> Travel (1 hour) | <input type="checkbox"/> Donations (30 mins) |
| <input type="checkbox"/> Test & Evaluations (1 hr) | <input type="checkbox"/> Standards (1 hr) |
| <input type="checkbox"/> Replacements (BERs) (1 hr) | <input type="checkbox"/> Trackable Equipment (1 hr) |
| <input type="checkbox"/> Other: _____ | |

Requester: _____

Department: _____

Number of people to be trained: _____

Location: _____

Contact number: _____

Email Address: _____

Desired date(s) and time(s): _____

Please provide multiple date and time choices to allow for coordination with training schedules.

For Purchasing Department use only:

☐ Approved/Scheduled

Trainer: _____

Date and time: _____

Committee Chair: _____
Initials

Administrator: _____
Signature