



Office of Community Programs

IN-DISTRICT REQUEST FOR USE

Today's Date: _____

Campus: _____ Group Name: _____

Sponsor Name: _____ Contact Person: _____

Contact E-Mail: _____

Work Phone: _____ Cell/Home Phone: _____

Date Requested: _____ Desired Time on Course: _____

Number of Participants: _____ Grade Range: _____

Course Requested: Millsap Moore Sheridan

Facilitator(s) Requested: _____

Are requested facilitators donating their time? Yes No

FOR OFFICE USE ONLY

Initial Date of Contact: _____/_____/_____ Requested Date Approved: YES NO

Scheduled Time: _____ Date on Course: _____

Facilitator(s) Scheduled: _____

Course Assigned: _____ Rate Quoted: \$ _____

Invoice Date: _____/_____/_____

Date Paid: _____/_____/_____ Amount Paid: \$ _____

Check #: _____ Cash: _____ Money Order: _____

Facilitator: PAID DONATED

Time Sheet Submitted: _____/_____/_____ Facilitator Paid: _____/_____/_____