

Local Parent Group Request
PA20 Financial Support for Training

Local unit(s) _____

Type of training (topics) or event _____

Date & Time of training or event _____ AM-PM

Location _____

Estimated number of participants _____ Adults _____ Children

Name of trainer/presenter _____

Mailing address of trainer/presenter _____

Payment made payable to:

Trainer/Presenter _____

Other: _____

Financial support requested

Mileage @ .42/mile

Odometer readings – beginning: _____ end _____ total miles _____

- Trainer/Presenter fee(s) _____
- Training/Event materials _____
- Other costs _____

Signature _____ Date _____

Local Unit

Signature _____ Date _____

Local Teacher or Area Manager

Approved by:

T/TA Coordinator (PA20 funds) _____ Date _____

Head Start Director (PA20 funds) _____ Date _____

Note: Minutes of the Local Unit approving this request must be attached.