



External Training or Equipment Request Form

Please open the pdf with Adobe Acrobat Reader

This form is used to request external training or training equipment provided by vendors other than AIDT. The training/equipment cost will be covered by your department's state training budget. The Training should have a business need for the current/new job for it to be payed by State Funds. Before submitting this form, you have to have a vendor/trainer and a quote with the associated cost. If the training and cost information is provided online a screenshot of the information can function as the quote. Please see page 3 for a process description on how to request a vendor/quote from AIDT. Required fields () must be completed for the form to be processed. A PO with the vendor has to be in place, before the training can be taken. AIDT will inform you once this is done.*

Requestor Information

If TMs other than the requestor should take the training as well, please fill in their Information on the 2nd page of this form.

Requestor Name*	_____	Badge#*	_____
Requestor contact number	_____	Department*	_____
E2 or E3 (first, last name)*	_____	Cost Center	_____
Today's Date*	_____		

Training/Equipment Information

Description of Training/Equipment*:	Total cost from Quote (USD) for all TMs* _____
_____	No. of sessions/days* _____
Vendor* _____	Date of Training _____
Business need for training/equipment* _____	

Printed name

Digital Signature & Date

Requestor*	_____	_____
Requestors Supervisor*	_____	_____
HR/OD	_____	_____
AIDT	_____	_____
Dept. E3 (>\$15,000)	_____	_____
Dept. E2 (>\$200,000)	_____	_____
HR E3 (>\$100,000)	_____	_____
President (>\$2,000,000)	_____	_____

Please open the pdf with Adobe Acrobat Reader (or Mercedes-Benz eSigning) to sign the document. You can find a guide on 'how to use the digital signature function' [here](#)

To be completed by AIDT or HR/OD only:

Budget code	_____
Control #	_____

! 'Quote from Vendor' has to be attached to this form

Submit

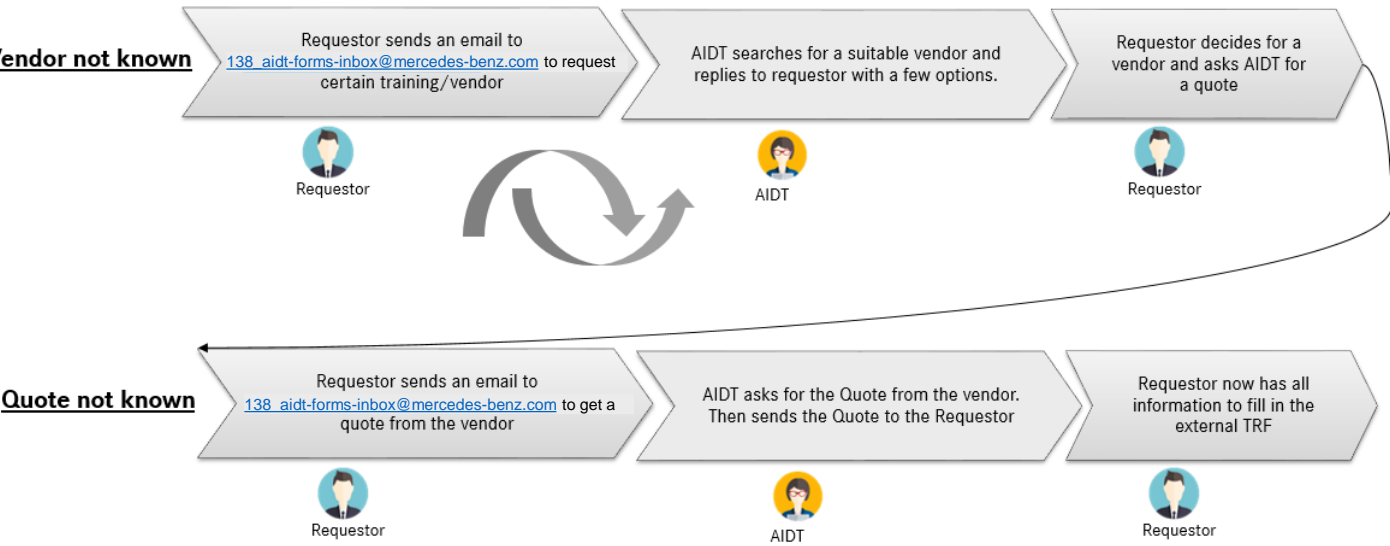
If all relevant signatures are on the form, click **submit** to send the form via email to 138.Training-Forms@Mercedes-benz.com. Open in **Adobe Acrobat Reader** for **submit** button to work.

Participant Information

*Please list all TM's below who should take the training (incl. Requestor if he/she is a participant as well).

	First Name	Last Name	Badge Number
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Vendor/Quote Request



External Training Request Process

