

Huntington Beach Union High School District

Authorization Request No.
R

AUTHORIZATION REQUEST FOR PROFESSIONAL BUSINESS ATTENDANCE

Superintendent / Assistant Superintendent Approval ONLY

ATTACH COPY OF ANNOUNCEMENT, FLYER, BROCHURE, OR MEETING AGENDA

| | |
|---|-----------------------|
| TITLE OF: <input type="checkbox"/> CONFERENCE / WORKSHOP <input type="checkbox"/> MEETING / ACTIVITY | |
| PURPOSE | |
| LOCATION | |
| DATES (FROM) | (TO) |
| ATTENDANCE AS: <input type="checkbox"/> CONFERENCE <input type="checkbox"/> PROG. PARTICIPANT <input type="checkbox"/> REPRESENTATIVE OF: | |
| REQUESTEE(S) | REFRESHMENTS PAYEE(S) |

BUDGET INFORMATION (Continued)

MEETING / ACTIVITY REFRESHMENT

| | | |
|------------------|------------------------|--------|
| NO. OF ATTENDEES | FOR NO. OF DAYS SERVED | LUNCH |
| TOTAL COST | REFRESHMENTS | DINNER |
| | BREAKFAST | |

SUBSTITUTES

| | | | |
|--------------|-----------------|--------------|------------|
| NO. OF SUBS. | FOR NO. OF DAYS | COST PER DAY | TOTAL COST |
| PROGRAM | ACCOUNT NO. | | |

TRANSPORTATION

| | | |
|--|---------|-------------|
| <input type="checkbox"/> DISTRICT VEHICLE <input type="checkbox"/> AIR | PROGRAM | ACCOUNT NO. |
| <input type="checkbox"/> PRIVATE VEHICLE | | |

EXPENSE ESTIMATES

| | A) DISTRICT | SPECIAL B) PROGRAM | SPECIAL C) EDUCATION | D) REQUESTEE | E) OTHER |
|--------------------|-------------|--------------------|----------------------|--------------|----------|
| REGISTRATION | | | | | |
| LODGING | | | | | |
| TRANSPORTATION | | | | | |
| MEALS | | | | | |
| OTHER EXPENSES | | | | | |
| TOTAL | | | | | |
| SUBSTITUTES | | | | | |
| GRAND TOTAL | | | | | |

APPROVALS

| | |
|--|------|
| DEPARTMENT COORDINATOR SIGNATURE | DATE |
| SITE ADMINISTRATOR SIGNATURE | DATE |
| SCHOOL BUSINESS ASSISTANT SIGNATURE | DATE |
| DIRECTOR SPECIAL PROGRAMS SIGNATURE | DATE |
| ASSISTANT SUPER.-INSTRUCTIONAL SERVICE SIGNATURE | DATE |

NOT APPROVED

| | |
|--|------|
| <input type="checkbox"/> ASSISTANT SUPERINTENDENT—INSTRUCTIONAL SERVICES | DATE |
|--|------|

BUDGET INFORMATION

EXPENSE ACCOUNTING TO BE PAID BY:

NO EXPENSES

| | |
|---|----------------------|
| <input type="checkbox"/> DISTRICT GENERAL FUND | ACCOUNT NO. |
| <input type="checkbox"/> SPECIAL PROGRAMS (SPECIFY) | ACCOUNT NO. |
| <input type="checkbox"/> SPECIAL EDUCATION / PROGRAM | ACCOUNT NO. |
| <input type="checkbox"/> REQUESTEE <input type="checkbox"/> OTHER (SPECIFY) | |
| DATE SUBMITTED: | DATE BOARD APPROVED: |

SCHOOL BUSINESS ASSISTANT WILL FORWARD REQUEST WITH SITE APPROVALS TO APPROPRIATE EDUCATION CENTER OFFICE.
DISTRIBUTION (CIRCLE): Education Center File Copy District Accounting Dept. School Business Asst. Originator

School Business Asst.