



## AUTHORIZATION FOR EXPENDITURE (NON-EMPLOYEE)

FSA Financial Services  
Administration

1. NAME		2. SOCIAL SECURITY NO.			
3. ADDRESS		CITY		STATE	ZIP CODE
4. PURPOSE OF EXPENDITURE AUTHORIZATION (DESCRIBE PURPOSE, NATURE OF SERVICES, LOCATION, ETC.) <b>Travel to and participate in the Co-occurring Disorders Conference held in Yakima</b> <b>Requesting Travel via Grey Hound Bus --</b> Yes                                      No  <b>Traveling via personal transportation--(\$75.)</b> Yes                                      No <b>Requesting food stipend- (\$50.)</b> Yes                                      No					
5. PERIOD OF AUTHORIZATION		6. EXPENDITURE AUTHORIZATION (AUTHORIZING OFFICIAL – INITIAL EACH ITEM CHECKED)			
BEGINNING DATE	ENDING DATE	Long term travel authorization should be renewed annually.			
<b>10/14/2018</b>	<b>10/17/2018</b>	<input type="checkbox"/> a. Travel _____		<input type="checkbox"/> b. Per Diem _____	
			INITIALS OF AUTHORIZING OFFICIAL		INITIALS OF AUTHORIZING OFFICIAL
<b>7. TRAVEL AUTHORIZATION</b>					
<i>(COMPLETE ONLY IF TRAVEL AND/OR PER DIEM IS CHECKED AND INITIALED IN BOX 6 ABOVE). LONG TERM TRAVEL SHOULD BE RENEWED ANNUALLY.</i>					
<b>7a. SINGLE TRIP ITINERARY (Do not complete for long-term authorizations)</b>					
DATE	FROM	TO	MILEAGE RATE	PER DIEM RATE	AMOUNT
<b>10/14/2018</b>		<b>Yakima</b>	<b>NA</b>	<b>NA</b>	
	<b>Yakima</b>				
				<b>TOTAL</b>	<b>\$</b>
<b>7b. LONG TERM TRAVEL AUTHORIZATION (Do not use for single trips or short-term situations)</b>					
MILEAGE RATE	PER DIEM RATE	EXPECTED FREQUENCY OF TRAVEL (OR OTHER CRITERIA)			TOTAL EXPENDITURE AUTHORIZATION
					<b>TOTAL</b>
				<b>TOTAL</b>	<b>\$</b>
<b>8. Maximum Expenditure Authorization Shall Not Exceed .....</b>					<b>TOTAL</b>
					<b>\$</b>
<p>It is mutually understood by the parties hereto that the person named in item No. 1 above is not an employee of the Department of Social and Health Services nor an agent of the Department in any manner whatsoever, nor will he/she hold him (her) out to be such, nor claim to be such by reason hereof, and will not claim, demand, or apply to or for any right or privilege applicable to an officer or employee of the Department. Provided, that nothing herein contained shall be interpreted to preclude such person's lawful entitlements to benefits which might accrue to that person, his (her) non-employee status notwithstanding.</p> <p>The non-employee named above will not in any manner while performing hereunder discriminate on the basis of race, color, religion, creed, national origin, sex, age, marital status, disabled or Vietnam-era veteran status, or handicap without there having been previously established a bona-fide qualification for good and sufficient cause by the Department.</p> <p>This authorization and any proceeds therefrom are not assignable.</p> <p>No information of a confidential nature concerning any client or recipient of the Department will be disclosed by the non-employee except on written consent of the client or recipient, his attorney, or his responsible parent or guardian.</p> <p>Claims for reimbursement under this authorization will be submitted on the proper form designated by the Department.</p> <p>This authorization constitutes the entire agreement between the parties hereto and no oral changes or representations shall be binding upon the Department.</p>					
<b>9. SIGNATURES</b>					
SIGNATURE OF NON-EMPLOYEE				DATE	
SIGNATURE OF DSHS OFFICIAL		NAME		DATE	
		<b>Ruth Leonard</b>			
TITLE		ORGANIZATION			
<b>Behavioral Health Program Manager</b>		<b>Division Of Behavioral Health and Recovery</b>			

## INSTRUCTIONS

### Items 1 through 3 - Self-explanatory

**Item 4.** Define the nature of the services, the purpose of the trip, etc. If the purpose is to attend a meeting, explain the nature of the meeting and give the location. Use this space also for any remarks or clarifications of the authorization.

**Item 5.** Show the beginning and ending date of the authorization.

**Item 6 and 7.** If the authorization is for a single trip, complete box 7a, and show the total authorized expenditure for travel. If the authorization is for a long term travel, complete box 7b, and show the total authorized expenditure for travel. Long term travel authorization should be renewed annually.

**Item 8.** Show the Maximum authorization here. This should be the grand total of box 7a and 7b.

**Item 9.** The non-employee must sign and date. The DSHS Authorizing Official should sign and date as well as indicate his/her title and organization.

**Distribution:** After the form is completed, and all signatures obtained, the following distribution is made:

The original:

If the authorization is for a "long term", the original will be kept at the originating office in a central location.

If the authorization is for a single trip, the original will be attached to any receipts and filed in a central location at the approving office.

A copy will be retained by the non-employee.

**Attach additional sheets if necessary.**