



Student Achievement and Accountability

**CONSULTANT / AUTHOR EXPENSE FORM**

**PREAPPROVAL**

<i>For Parker Center Financial Secretary Use Only</i>	
Funds are available in this category. <input type="checkbox"/> YES <input type="checkbox"/> NO	
Requisition: _____	
BUDGET UNIT	ACCT

**Approval must be received PRIOR to booking the consultant / author.**

**FUNDING SOURCE:**

FEDERAL GRANTS	STATE FUNDING	PRE-K FUNDING	DISTRICT FUNDING	OTHER FUNDING

LOCATION: \_\_\_\_\_ DATE: \_\_\_\_\_ EVENT COORDINATOR: \_\_\_\_\_

**CONSULTANT / AUTHOR INFORMATION:**

NAME: \_\_\_\_\_ SSN/TAX ID: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE/ZIP: \_\_\_\_\_  
 PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**TRAINING / ACTIVITY:**

NAME: \_\_\_\_\_  
 LOCATION: \_\_\_\_\_ DATE(S): \_\_\_\_\_

**ESTIMATED EXPENSES:**

1) CONSULTANT / AUTHOR FEES: \_\_\_\_\_

*Please complete numbers 2-5 only if NOT INCLUDED in Fees above.*

*(If itemizing, you must provide receipts and payment cannot be issued at time of presentation)*

2) TRANSPORTATION: \_\_\_\_\_

3) LODGING: \_\_\_\_\_

4) MEALS: \_\_\_\_\_

5) MISC EXPENSES: \_\_\_\_\_

TOTAL EXPENSES: \_\_\_\_\_ **\$0.00**

EXPLANATION REQUIRED FOR MISC:

Payment required at time of presentation?  (If "Yes", invoice must be received by Parker Center 2-3 weeks in advance)

\_\_\_\_\_  
PRINCIPAL / DATE

\_\_\_\_\_  
SUPERVISOR / DATE

\_\_\_\_\_  
DIRECTOR OF STUDENT  
ACHIEVEMENT &  
ACCOUNTABILITY / DATE