

Authorization for Expenditure (Non-Employee) It is a requirement for volunteers to be registered with OFM and have an SWV Number.

1. NAME										2. SWV NUMBER					
A A B B B B B B B B B B B B B B B B B B						OLTY					STATE ZID OODE				
3. ADDRESS	3. ADDRESS						CITY					STATE ZIP CODE			
4. PURPOSE OF EXPENDITURE AUTHORIZATION (DESCRIBE PURPOSE, NATURE OF SERVICES, LOCATION, ETC.															
5. ☐ Is DSHS form <u>03-502</u> needed: ☐ Class 1 ☐ Class 2 ☐ Class 3 ☐ Class 5															
6. Account Code MASTER INDEX Love WORK/CLASS CNTY CITY/															
TRANS CODES FUND	MASTER	INDEX	SUB OBJ	SUB SUB	ORG INDEX		CLASS CNT TOWN BUDG		PROJ	SUB PROJ	PROJ PHAS	AMOUNT			
CODES	APPN	PROG	ОВЈ	OBJ	INDEX	ALLOC	UNIT	MOS	1100	COBTINO	TROOTTIAG	AWOON			
5. PERIODOF	AUTHORIZ	ZATION	6	6. EXPEND	DITURE A	I AUTHORI	I ZATION (A	UTHOR	IZING OFFICIA	AL – INITIAL	EACHITEM	I CHECKED)			
BEGINNING	G ENDING DATE Long-term travel authorization should be renewed annually.														
DATE		□ a. Travel □ b. Per Diem													
	INITIALS OF AUTHORIZING OFFICIAL INITIALS OF AUTHORIZING OFF														
7. Travel Authorization (Complete only if travel and/or per diem is checked and initialed in Box 6 above. Long-term travel should be renewed annually.)															
7A. SINGLE TRIP ITINERARY (DO NOT COMPLETE FOR LONG-TERM AUTHORIZATIONS)															
DATE		FR	ROM		то				MILEAGE RATE			AMOUNT			
								IXATE	IVATE		+				
TOTAL										L \$					
7B. LONG-TERM TRAVELAUTHORIZATION (DO NOT USE FOR SINGLE TRIPS OR SHORT-TERM SITUATIONS.)															
MILEAGE P RATE									IER CRITERIA	RIA) TOTAL EXPENDITURE AUTHORIZATION					
TOTAL											L \$				
8. Maximum	8. Maximum Expenditure Authorization Shall Not ExceedTOTAL														
It is mutually u															
Social and Hea															
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 notw ith standing.															
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.															
This authorization and any proceeds therefrom are not assignable.															
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.															
Claims for reimbursement under this authorization will be submitted on the proper form designated by the Department.															
This authorization constitutes the entire agreement between the parties hereto and no oral changes or representations shall be binding upon the Department.															
9. Signatures															
SIGNATURE O	F NON-EMP	PLOYEE						□ Pas	rd mambar	□ \/ali∷=t	DATE				
CICNATURE					LNIARAT			boal	rd member	☐ Volunt					
SIGNATURE OI	- חפוופט 1	FICIAL			NAME						DATE				
TITLE					ORGA	NIZATIO	١								
1															

Instructions

Items 1 through 3 - Self-explanatory; it is a requirement for volunteers to be registered with OFM and have an SWV Number.

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.