

AUTHORIZATION TO HOST

Date of Event: _____
 Form Due: _____
***(90 days prior to event
 if over \$2,500)***

Dept / Division Name: _____

Budget Unit Number _____ Person completing form _____
 Ext. _____

Name of Event _____

Location: _____

Please describe the purpose of the event and how it furthers County Health's mission of helping San Mateo County residents live longer and better lives.

Type and Number of Attendees

County Staff	_____
Providers/Contractors	_____
Clients	_____
Members of the Public	_____
Other:	_____
Total:	_____

Estimated Breakdown of Costs - Type & Amount	
(ex - room rental, food, speaker fee, etc)	
Type:	Amount:
Total:	

Total Costs _____ Cost per participant: _____

Current CONUS cost for meals as of May 2022:	Breakfast	\$17.00
	Lunch	\$18.00
	Dinner	\$34.00

Current rates can be found at: <https://www.gsa.gov/travel/plan-book/per-diem-rates>

If cost per participant is over \$40 and/or above the current CONUS rate, please provide additional justification for the expense:

Funding Source - please be specific (county general fund, Federal Disaster Preparedness Grant, etc) - and if multiple sources, include the breakout:

Is this event required by a funder? If yes, please state funder name and what would happen if the event did not occur:

Approvals

Fiscal Officer: _____

Date: _____

Division Director: _____

Date: _____

* If over \$2,501

Chief of County Health

Date: _____

County Executive Officer Action:

- Approved
- Not Approved
- Recommended for Board Approval

Board of Supervisors Action:

(if Board approval recommended)

- Approved
- Not Approved

County Executive Officer or Designee Date

Authorized Signature Date