

# 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:
<b>Total:</b>	

Total Costs \_\_\_\_\_ Cost per participant: \_\_\_\_\_

Current CONUS cost for meals as of May 2022:	Breakfast	_____ \$22.00
	Lunch	_____ \$23.00
	Dinner	_____ \$36.00

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:

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**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