



MERCED UNION HIGH SCHOOL DISTRICT

Pay for Service Event Authorization and Verification

Event: _____
Location: _____ **Date(s):** _____ **School Year:** _____
Initiated By: _____ **Presenter:** _____
Approved By: _____ **Funding Resource:** _____ **Stipend:** _____
Participant Classification(s): ☐ Certificated ☐ Classified
Other Conditions: _____

Event Description:

The undersigned confirms the above event was held as described and the electronic attendance roster was verified:

Administrator Name (print)

Signature

Date:

Expenditure is Compliant with School Site Plan (If appropriate)

School Authorization: _____ Page & Item #: _____ Site Admin: _____
 District Authorization: _____ Date: _____

Assistant Superintendent Business Services

Approval Date:

Assistant Superintendent of Human Resources

Approval Date:

STEPS IN PROCESSING Pay for Service Event Authorization and Verification:

1. Form & Sign In Sheet Backup submitted to HR	4. Returns to Categorical (Based on Resource)/HR
2. Categorical Office Approves (Based on Resource)	5. HR Asst. Superintendent Approves, Copies Disseminated
3. Business Confirms/Opens Account & Assistant Superintendent Approves	6. Original Hard Copy to Payroll
	7. Electronic Sign In Forwarded Upon Request
Copies to: <input type="checkbox"/> Categorical <input type="checkbox"/> Employee <input type="checkbox"/> Human Resources <input type="checkbox"/> Payroll <input type="checkbox"/> Pers. Report <input type="checkbox"/> Site	