San Francisco Department of
Early Childhood

Prior Authorization Form - Conference, Training & Travel

Submit before spending. If the expense is foreseeable during budget development, address it during budget negotiations. Inclusion in an approved budget does not waive prior authorization. DEC generally reviews requests within 15 business days. Retain the written approval and submit it with invoice support when the expense is charged. Applicable travel must follow GSA per diem limits and DEC funding restrictions.

Request Information

Grantee Name		**Grant/Program**	
Conference/Training Name		**Website**	
Start Date		**End Date**	
Destination / Location		**Traveler Count**	
Total Expense		**Total DEC Request**	
Requested by		**Requestor Email**	

Expense Details Checklist

- ☐ Expense allocated to more than one grant
- ☐ Expense negotiated in approved budget
- ☐ Agenda/materials/event details attached
- ☐ GSA lodging/per diem rates documented
- ☐ Traveler names/roles attached or listed
- ☐ Travel/transportation plan or estimate attached

Travel Budget Details

Hotel / Lodging		**Airfare / Rail**	
GSA Lodging Rate / Formula		**Food Per Diem / Formula**	
Local Transportation		**Incidentals**	
Registration / Enrollment		**Other**	

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Traveler(s) and Grant Roles *List the staff/participants attending and their role on the DEC-funded grant.*

Scope / Expected Outcomes *Describe the conference/training and expected outcomes.*

Grant Alignment *Explain how the travel/training supports grant objectives and deliverables.*

Allocation Methodology *If shared, explain the calculation/formula and allocation to DEC.*

Grantee Certification

☐ I have documented applicable GSA limits and will exclude costs above applicable limits or otherwise unallowable under DEC/funding-source requirements.
☐ The expense will not be incurred or invoiced until required DEC approval is received.

Authorized Requestor Name/Title: Date:

Department of Early Childhood (DEC) Determination

☐ Approved ☐ Approved with Conditions ☐ Denied **Approved Amount:**

Budget Revision / Modification Required?	☐ Yes ☐ No	**Approval / Effective Date:**	

Conditions / Limitations / Reason for Denial: