

NEW HAVEN UNIFIED SCHOOL DISTRICT

AUTHORIZATION FORM
CONSULTANTS/PARENTS/OTHER NON-EMPLOYEES

TO BE FILLED OUT BY ADMINISTRATOR REQUESTING SERVICES

Purchase Requisition must be attached before submitting for authorization

Date: _____

Name and address of person or firm to
furnish contracted services:

Phone: _____ SS#: _____

What services are to be performed:

Date/s of services:

Estimated amount to be paid for services:

Budget code/program allocation:

Administrator requesting authorization:

*Completed purchase requisition must be attached to authorize payment.

Sequence: -Administrator -Instructional Services -Purchasing

Approved by: _____ Date: _____ Chief Academic Officer
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