THE COMMONWEALTH OF MASSACHUSETTS
TRAVEL AUTHORIZATION FORM (Form TAF)

1. Date of Request:	2. Travel Request #:	3. Department/Division:	4. DEPT/ORGN:	5. Appropriation No.:
7/7/2026		Division of Administrative Law Appeals	ALA/0413	7043-7001

6. Name of Traveler(s):	7. Title(s):	8. Dates of Travel:
Marguerite Mitchell	Hearing Officer	07/21/26 – 07/24/26

9. Travel Itinerary and Justification

2026 National Academy for IDEA for Administrative Law Judges (ALJs) and Impartial Hearings Officers (IHO) – SUNY Global Center, New York, 10022

This program is exclusively for IDEA Administrative Law Judges, Impartial Hearing Officers who have oversight of their state's IDEA due process hearing system and the cadre of administrative law judges, adjudicators, and hearing officers.

Supporting documentation, i.e: Agendas or brochures.

10. Expenses	Personal Funds	MA State Funds	Federal/ Other State Funds
Transportation: (check all that apply) ☐ Rail ☐Bus ☐Airfare ☒Car: ☐ State ☒Personal ☐Rental ☐Taxi ☒Other: Parking			$530.00
Lodging:			$1160.00
Meals:			
Other: (please list): National Academy for IDEA Administrative Law Judges and Impartial Hearing Officers			$1625.00
Sub Total(s):			$3,315.00

GRAND TOTAL: _$____

11. Certifications and Authorizations (See G.L. c. 30, §25B)

I hereby certify under the pains and penalties of perjury that, to the best of my knowledge, the above information is true and correct.
Signature of Traveler: Marguerite M. Mitchell Date: 7/7/2026

I hereby certify that sufficient funds are available for the above described travel accommodations.
Signature of Agency CFO: Date: 7/13/26

I hereby authorize the anticipated travel described above and related expenses listed in this form.
Signature of Traveler's Appointing Authority: Thomas E Boca Title: Chief Administrative Magistrate Date: 7/10/26

I hereby authorize the anticipated travel described above and related expenses listed in this form.
Signature of the Traveler's Cabinet Secretary: Matthew J. Gorzkowicz Date: 7/15/2026

12. Travel Funded By Private Entity, Foreign Government Entity, or Federally Recognized Tribe:

Travel Funded By Private Funds: ☐Yes ☒No
If Yes: $_____ Source (Contact Information):_____

TRAVEL FUNDED BY PRIVATE SOURCES MUST BE DISCLOSED TO AND AUTHORIZED BY APPOINTING AUTHORITY PURSUANT TO 930 CMR 5.08 (2)(d)(1). FOR THE APPROPRIATE FORM GO TO: https://www.mass.gov/disclosure-forms

13: Upon final approval, the Cabinet Secretary shall ensure that a copy of this form is distributed to:
☐ A&F Budget Director & The Office of the Comptroller (please check once complete)

TRAVEL AUTHORIZATION FORM (Form TAF) - INSTRUCTIONS

1. Date of Request: Date the form is executed by traveler. Approval of this form is required in advance of travel, except in extraordinary circumstances.
2. Travel Request #: Departmental Fiscal Officer may insert internal control or sequence number for audit/tracking purposes.
3. Department/Division: Insert the name of your department and division.
4. DEPT/ORGN: Insert traveler's Departmental MMARS three-letter code and four-digit Organization Number.
5. Appropriation Number: Insert the appropriation number against which travel purchases are to be encumbered and expended.
6. Name(s) of Traveler(s): List names of traveler(s) traveling on the same itinerary.
7. Title(s): Position/Title of each traveler.
8. Dates of Travel: List the departure and return dates of travel.
9. Travel Itinerary and Justification: The traveler should provide the destination and a brief summary of the trip itinerary. State the sponsoring organization. Supporting documentation may be attached.
10. Expenses:
    a. Personal Funds: Indicate the amount of personal funds that are to be used and for which reimbursement will not be sought.
    b. MA State Funds: Indicate the total funds that will be expended by the Department on behalf of the state employee traveler, either in direct payment to a travel service vendor, charge account vendor, or through employee reimbursements.
    c. Federal/Other State Funds: Indicate the total funds that will be expended by the federal government or another state on behalf of the state employee traveler, either in direct payment to a travel service vender, charge account vendor, or through employee reimbursements.
    d. Transportation: Include the total round-trip travel fare for a common carrier (air, rail bus, etc.). If using a personal vehicle, indicate the rate per mile that is reimbursable under the relevant provisions of current Collective Bargaining Agreements for union members or applicable Rules for non-union employees.
    e. Lodging: Include the total hotel room and tax expenditure. Use more than one line if more than one hotel property is used.
    f. Meals: Indicate the total reimbursable amount for meals. It is not necessary to break out the individual amounts for each meal. This will be accounted for in attached receipts and departmental internal control procedures.
    g. Other: State type and amount of any anticipated expenses not otherwise named, such as telephone calls.
    h. Sub Total: Total the dollar expenditure expected for each column.
    i. Grand Total: List the grand total for the trip. (The sum of the sub totals for Personal Funds, MA State Funds, and Federal/Other State Funds)
11. Certifications and Authorizations: In accordance with state law, the traveler must receive approval from the appointing authorities and officers listed in this form. Approval is required in advance of travel, except in extraordinary circumstances.
12. Travel Funded By Private Entity, Foreign Government Entity, or Federally Recognized Tribe: A state employee may not accept an offer from a private entity or individual, foreign government entity, or federally recognized tribe subsidizing travel and related expenses worth $50 or more unless an exemption applies under the conflict of interest law, M.G.L. c. 268A, §§3, 23(b)(2) and 23(b)(3), and related regulation 930 CMR 5.05(2). An exemption may apply if the employee makes the proper disclosure and his or her appointing authority determines that the travel will serve a legitimate public purpose that is not outweighed by a private benefit. See 930 CMR 5.08 (2)(d)(1). Disclosure of private funding on the TAF alone will not meet the requirements of the state conflict of interest law. The State Ethics Commission has developed a form that should be used for both the disclosure and determination. Go to https://www.mass.gov/disclosure-forms.
13. Distribution to A&F and CTR: Per M.G.L. Chapter 30, Section 25B, approval shall be filed with the A&F Budget Director and the Office of the Comptroller. To ensure compliance, approving authorities can now send digital copies to TAF@mass.gov to ensure both offices receive approved TAFs. Copies can also be sent physically to both offices, if preferred.

Adelakun, Abiola (ALA)

From: Mitchell, Marguerite (ALA)
Sent: Monday, July 13, 2026 3:28 PM
To: Adelakun, Abiola (ALA); Erlichman, Reece (ALA)
Subject: FW: Your Special Education Solutions LLC receipt [#1111-7125]

Abbie and Reece:

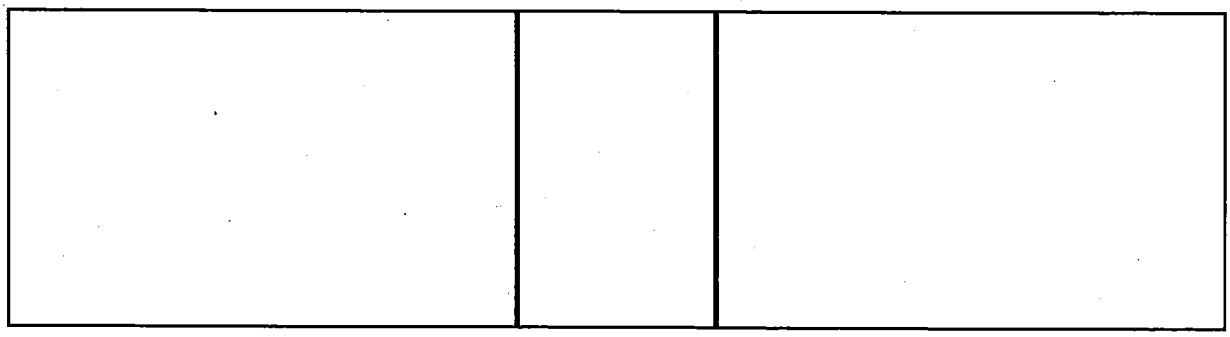
Please see below for receipt for next week's seminar. Thanks.

Marguerite M. Mitchell, Hearing Officer
Bureau of Special Education Appeals
To request an ADA accommodation, refer to the BSEA Website: https://www.mass.gov/info-details/how-to-request-an-ada-accommodation or call the BSEA at (781) 397-4750.

This email and the documents included with it contain information from the BUREAU OF SPECIAL EDUCATION APPEALS, which is confidential. It is intended to be for the use of the addressee named on this email transmittal. If you are not the addressee, note that any disclosure, photocopying, distribution or use of the contents of this emailed information is prohibited. If you have received this email in error, please notify me by telephone or reply to this email immediately so that I can arrange for the retrieval of the original transmittal at no cost to you.

From: Special Education Solutions LLC <receipts+acct_1MbY1JFWlRi7a9gf@stripe.com>
Sent: Tuesday, July 7, 2026 3:22 PM
To: Mitchell, Marguerite (ALA) <Marguerite.Mitchell@mass.gov>
Subject: Your Special Education Solutions LLC receipt [#1111-7125]

CAUTION: This email originated from a sender outside of the Commonwealth of Massachusetts mail system. Do not click on links or open attachments unless you recognize the sender and know the content is safe.



Receipt from Special Education Solutions LLC

Adelakun, Abiola (ALA)

From: Mitchell, Marguerite (ALA)
Sent: Monday, July 13, 2026 3:27 PM
To: Adelakun, Abiola (ALA)
Cc: Erlichman, Reece (ALA)
Subject: FW: Reservation Confirmation at Hotel 57

Abbie and Reece:

Please see below email for Reservation Confirmation for the Hotel for next week's seminar. Thanks.

Marguerite M. Mitchell, Hearing Officer
Bureau of Special Education Appeals
To request an ADA accommodation, refer to the BSEA Website: https://www.mass.gov/info-details/how-to-request-an-ada-accommodation or call the BSEA at (781) 397-4750.

This email and the documents included with it contain information from the BUREAU OF SPECIAL EDUCATION APPEALS, which is confidential. It is intended to be for the use of the addressee named on this email transmittal. If you are not the addressee, note that any disclosure, photocopying, distribution or use of the contents of this emailed information is prohibited. If you have received this email in error, please notify me by telephone or reply to this email immediately so that I can arrange for the retrieval of the original transmittal at no cost to you.

From: Hotel 57 New York City <hello@hotel57.com>
Sent: Tuesday, July 7, 2026 4:47 PM
To: Mitchell, Marguerite (ALA) <Marguerite.Mitchell@mass.gov>
Subject: Reservation Confirmation at Hotel 57

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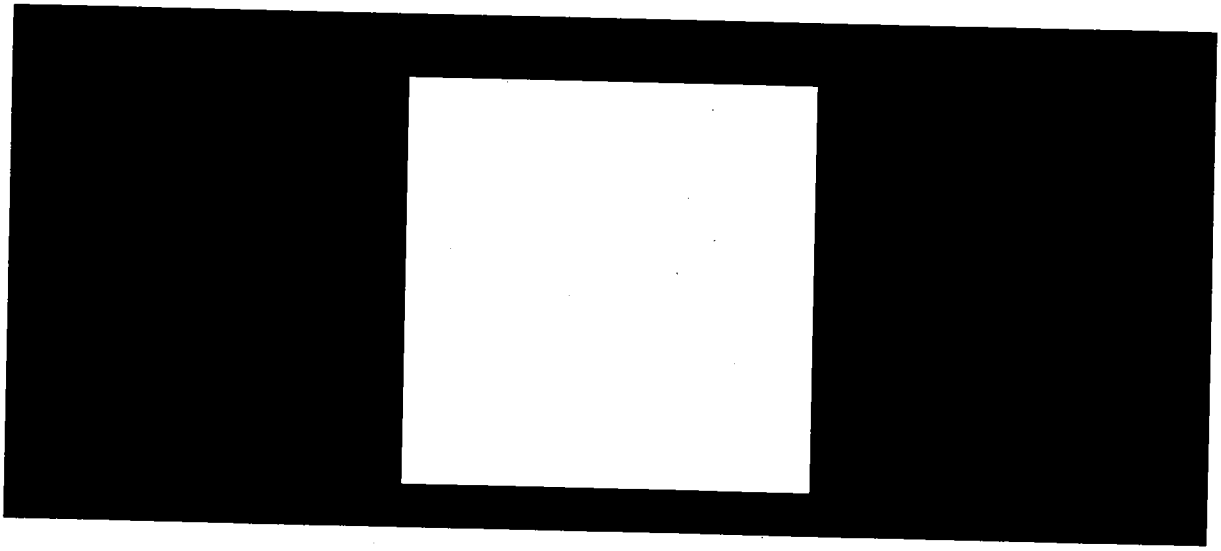

If there is anything we can do to make your stay more comfortable, please contact us at hello@hotel57.com.

See you soon,
Hotel 57 Team

Confirmation Number 594360192

Guest Name Marguerite Mitchell

