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.:
7/13/2026		Division of Administrative Law Appeals	ALA/0413	7043-7001

6. Name of Traveler(s):	7. Title(s):	8. Dates of Travel:
Helene J. Busby	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) x Rail ☐Bus ☐Airfare ☐Car: ☐ State ☐Personal ☐Rental ☐Taxi ☐Other: Parking			$129.00
Lodging: Hotel 57, 130 E. 57th St., New York, NY 10022			$799.32
Meals:			
Other: (please list): National Academy for IDEA Administrative Law Judges and Impartial Hearing Officers			$1,875.00
Sub Total(s):			$2,803.32

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: Helene Busby Date: 7/13/26

I hereby certify that sufficient funds are available for the above described travel accommodations.
Signature of Agency CFO: [signature] 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 S. Boris Title: Chief Administrative Magistrate Date: 7/13/26

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.

Outlook

Fwd: Your hotel receipt from Priceline (Trip #: [redacted])

From Helene Busby [redacted]
Date Mon 7/13/2026 1:00 PM
To Busby, Helene J. (ALA) <Helene.Busby@mass.gov>

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.

---------- Forwarded message ---------
From: **Priceline** <info@travel.priceline.com>
Date: Mon, Jul 13, 2026, 12:57 PM
Subject: Your hotel receipt from Priceline (Trip #: [redacted]
To: [redacted]

Priceline

Your hotel on Monday, Jul 20th, 2026 is confirmed

Priceline Trip Number: [redacted]

hotel **Hotel 57**

Jul 20 – Jul 24 • Check-in: after 4:00 PM

Confirmation Number: [redacted]

Penny Banner Get help with your trip, discover local experiences, and more! **Chat with Penny**

Manage **Manage Your Booking**

Payment Summary

Priceline trip number	[redacted]
Purchase date	Jul 13, 2026
Payment method	[redacted]
Billing name	Helene Busby

Outlook

Fwd: Your Special Education Solutions LLC receipt [redacted]

From Helene Busby [redacted]
Date Mon 7/13/2026 12:51 PM
To Busby, Helene J. (ALA) <Helene.Busby@mass.gov>

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.

---------- Forwarded message ---------
From: **Special Education Solutions LLC** <receipts+acct_1MbY1JFWlRi7a9gf@stripe.com>
Date: Mon, Jul 13, 2026 at 12:47 PM
Subject: Your Special Education Solutions LLC receipt [redacted]
To: [redacted]

Receipt from Special Education Solutions LLC

Receipt [redacted]

AMOUNT PAID	DATE PAID	PAYMENT METHOD
$1,875.00	Jul 13, 2026, 12:47:40 PM	Link Link

SUMMARY

Main Conference - July 22-24, 2026 × 1	$1,625.00
Add-on Basics Day - July 21, 2026 × 1	$250.00

Amount paid	**$1,875.00**

If you have any questions, visit our support site at **https://spedsolutions.com/contact-us/**, contact us at **dmerced@spedsolutions.com**, or call us at **+1 203-557-6050**.

Something wrong with the email? View it in your browser.

You're receiving this email because you made a purchase at Special Education Solutions LLC, which partners with Stripe to provide invoicing and payment processing.

Hotel subtotal	$489.00
Price per night	$122.25
Number of nights	4
Taxes and fees	$126.72
Total charged	**$615.72**
Property fee	$183.60
Total cost	**$799.32**

Hotels Hotels

Flights Flights

Packages Packages

Cars Cars

Cruises Cruises

Experiences Experiences

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This is a transactional email from priceline.com LLC
800 Connecticut Ave, Norwalk, CT 06854

Priceline

Gmail **Helene Busby** [redacted]

Amtrak: eTicket and Receipt for Your 07/20/2026 Trip - HELENE BUSBY

3 messages

etickets@amtrak.com <etickets@amtrak.com> Mon, Jul 13, 2026 at 1:03 PM
To: [redacted]

SALES RECEIPT

AMTRAK

Purchased: 07/13/2026 10:03 AM PTThank you for your purchase.

1. Retain this receipt for your records.
2. Show the QR code on the attached eTicket to the conductor or use the Amtrak app.

Merchant ID [redacted] Massachusetts Ave NWWashington, DC 20001800-USA-RAILAmtrak.com

Reservation Number - [redacted] Holyoke, MA to New York, NY - Moynihan Train Hall at Penn Sta. (Round-Trip)JULY 13, 2026
Billing Information
[redacted] (Purchase)Authorization Code [redacted]
Total $129.00
Purchase Summary - Ticket Number [redacted]
TRAIN 55: Holyoke, MA to New York, NY - Moynihan Train Hall at Penn Sta. (Round-Trip)Depart 2:16 PM, Monday, July 20, 2026
1 COACH SEAT
$62.00
Ticket Terms & ConditionsVLD DATE TRAIN TICKETED; NO SHOW: FORFEIT VALUECOACH: NO CHANGES, 30% CANCEL FEE.ADULT FULL FARE ID REQUIRED
Subtotal
$62.00
TRAIN 86: New York, NY - Moynihan Train Hall at Penn Sta. to New Haven, CT - Union Station (Round-Trip)Depart 12:37 PM, Friday, July 24, 2026
1 COACH SEAT
$45.00
Ticket Terms & ConditionsVLD DATE TRAIN TICKETED; NO SHOW: FORFEIT VALUECOACH: NO CHANGES, 30% CANCEL FEE.ADULT FULL FARE ID REQUIRED
Subtotal
$45.00
TRAIN 486: New Haven, CT - Union Station to Holyoke, MA (Round-Trip)Depart 3:10 PM, Friday, July 24, 2026
1 COACH SEAT
$22.00
Ticket Terms & ConditionsVLD DATE TRAIN TICKETED; NO SHOW: FORFEIT VALUECOACH: NO CHANGES, 30% CANCEL FEE.ADULT FULL FARE ID REQUIRED
Subtotal
$22.00
Total Charged by Amtrak
$129.00
Passengers
Helene Busby
Important Information

- Tickets are non-transferable.
- Changes to your itinerary may affect your fare. Refund and exchange restrictions and penalties for failure to cancel unwanted travel may apply. If your travel plans change, contact us before departure to change your reservation. If you do not board your train, your entire reservation from that point will be canceled. If you board a different train without notifying us, you will have to pay for it separately; the conductor cannot apply the money paid for your prior reservation. For more information please visit Amtrak.com/changes.

- Summary of Terms and Conditions: Ticket valid for carriage or refund (subject to the refund rules of the fare purchased) for twelve months after day of issue unless otherwise specified. Amtrak tickets may only be sold or issued by Amtrak or an authorized travel agent/tour operator. Tickets sold or issued by an unauthorized third party will be voided by Amtrak. This ticket is a contract of carriage which includes specific terms and conditions and a binding arbitration agreement between Amtrak and the ticket holder. The terms and conditions and arbitration agreement are available at Amtrak.com/terms-and-conditions.html. Tickets sold for non-Amtrak service are subject to the tariffs of the providing carrier.
- Questions? Contact us online at Amtrak.com/contact or call 1-800-USA-RAIL (1-800-872-7245) or for text telephone (TTY) 1-800-523-6590.

Busby Helene 20260713170353O318.pdf
17K

Helene Busby [redacted] Mon, Jul 13, 2026 at 1:30 PM
To: Helene.Busby@mass.gov

[Quoted text hidden]

Busby Helene 20260713170353O318.pdf
17K

Helene Busby [redacted] Mon, Jul 13, 2026 at 1:31 PM
To: Helene.Busby@mass.gov

[Quoted text hidden]

Busby Helene 20260713170353O318.pdf
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