



EXPENSE AUTHORIZATION

Today's Date: _____

This is (check one):

A PERSONAL REIMBURSEMENT

OR

AUTHORIZATION TO PAY VENDOR/CCARD

Please reimburse me:

OR

Please pay vendor/bank card:

Receipts attached.

Invoice or credit slip attached.

Items purchased/Services approved:

Amount:

Line item #

\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____

Expenses relative to a particular event or program:

Requested by: _____

Authorized by: _____

Internal:

Paid by check # or GL Ref. #: _____

Dated: _____ By: _____