 ORG NAME Internal Expense Authorization

**PAYEE / VENDOR NAME** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**🞎 Credit / Debit**

 **Card Transaction**

Card XX- \_\_ \_\_ \_\_ \_\_

**Expense**

 **Approved by:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Requested by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date check\* is needed \_\_\_\_/\_\_\_\_/\_\_\_\_ **🞎** NA

**🞎** Mail to vendor **🞎** Return to person requesting

*Invoice, Receipt, or Other Back-Up Documentation with Vendor info must be attached. For new contractors attach completed W-9.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date of Purchase** | **Account****## Name\*** | **Amount** | **Notes of Explanation****MEMO / Item** | **Grant** (Customer/Job) | **Activity Class\*** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| \*Refer to COA / Class List |  |  |  **Total Requested:** |  |  |

Coding approved by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *\*Or online payment*

 ORG NAME Internal Expense Authorization

**PAYEE / VENDOR NAME** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**🞎 Credit / Debit**

 **Card Transaction**

Card XX- \_\_ \_\_ \_\_ \_\_

**Expense**

 **Approved by:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Requested by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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Coding approved by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *\*Or online payment*