EXPENDITURE REQUEST AUTHORIZATION FORM
(Attach price quotes, P.O., and invoice/receipt to form)

Date: _____

Reason for expenditure: _____

Employee: _____

Dept. / Grade: _____

Purchase From/Pay To:

Amount: $ _____

Company/Name: _____

Address: _____

_____

* Recommend price quotes on all expenditures.
* Three verbal price quotes required at $1,000. (attach)
* Three written price quotes required at $5,000. (attach)
  (Send copy of bids to Purchasing Department)
  (Purchasing Dept. processing is required at $10,000.)

* *

SKU #	Quantity	Unit	Description	Unit Price	Total
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

(Attach additional page if necessary, or use back of form)

Grand Total: $ _____

* *

PAYMENT METHOD

Check one:

_____ District Purchase Order   _____ Reimbursement / Refund   _____ Purchase Card

_____ Warehouse Requisition   _____ Travel Card

Account Name: _____   Prog _____   Func _____   Obj _____

Account Name: _____   Prog _____   Func _____   Obj _____

Account Name: _____   Prog _____   Func _____   Obj _____