

COMPLETED \_\_\_\_\_

Budget checked \_\_\_\_\_

Entered in Facilities Spreadsheet \_\_\_\_\_

Budget Transfer #: \_\_\_\_\_

## EXPENSE AUTHORIZATION

\_\_\_\_\_ BOND Project      \_\_\_\_\_ R&R Project      F20 \_\_\_\_\_

Date: \_\_\_\_\_

Requisition # \_\_\_\_\_

Project Name: \_\_\_\_\_

P.O. # \_\_\_\_\_

Fund: \_\_\_\_\_

Procurement \_\_\_\_\_

Org: \_\_\_\_\_

Method \_\_\_\_\_

Acct: \_\_\_\_\_

Contract # \_\_\_\_\_

Project Number: \_\_\_\_\_

Bldg. Number: \_\_\_\_\_

Fixed Asset    Location Code: \_\_\_\_\_

Custodian: \_\_\_\_\_

Project Info: \_\_\_\_\_

Vendor Name: \_\_\_\_\_ Quote # \_\_\_\_\_

Vendor Contact Name & Phone \_\_\_\_\_

Board Approval Date: \_\_\_\_\_

PO Amount:    \$ \_\_\_\_\_

Email PO To: \_\_\_\_\_

Vendor's Email: \_\_\_\_\_

Project Mgr Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

STANDING PO:    YES    or    NO