

Department Manager				
Date				
Amount		<u> </u>		
CC Used (select one)	Purchasing	Business Office	TV	
Vendor Name				
Reason for Usage	Description			Amount
	_			
			Total	
Program Name				
Grant Name (if applicable)				
Account Number				
Approval				
Supervisor		Finance Manager		
Executive Director > \$500		_		
Receipt Attached (select one)	Yes	No		

All expenditures should be pre-approved by Department Head or Manager prior to purchase. Please attach any supporting documentation and forward to Business Office for processing.