

# EXPENDITURE REQUEST

All items above the dotted line indicated in bold type must be completed. Attach invoice if applicable.  
Attach receipts if requesting reimbursement

**Date Requested** \_\_\_\_\_

**Date Needed** \_\_\_\_\_

**Pay To: NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**ACCT./INVOICE NO.** \_\_\_\_\_

**FUNDING**

**AMOUNT \$** \_\_\_\_\_

**Acct. No.** \_\_\_\_\_

**Acct. Name** \_\_\_\_\_

**REASON FOR EXPENSE** \_\_\_\_\_

**AUTHORIZING SIGNATURE** \_\_\_\_\_ **POSITION** \_\_\_\_\_

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**FOR OFFICE USE ONLY**

**Date Sent** \_\_\_\_\_

**Disposition:**  
**Mail**  **Hold**

**Hand Deliver**

**Special Instructions**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Check Issued:** \_\_\_\_\_

**Check No.** \_\_\_\_\_