

EXPENSE AUTHORIZATION FORM

Instructions

1. Complete form (incomplete requests will result in delayed processing).
2. Staple all receipts/invoices, as well as contracts/letters-of-agreement/etc.
3. Keep copy of form and supporting documents for your records.
4. Explain discrepancies between requested amount and supporting documents.
5. Place form in Valerie Fowlkes-Bynum's in-box. Allow two weeks for processing.
6. Contact Valerie Fowlkes-Bynum (vfowlkes-bynum@allsouls.ws) or the executive director (executive.director@allsouls.ws) with questions.

Committee/Activity	Total amount requested	\$
Description (incl. activity date)	Request date	
Committee/dep't leader		
Name	Signature	
Form completer (if different from leader)		
Name	Signature	
Payee name	Phone	
Address		
Memo line text		

Account No.	Committee/Account Name	Amount
		\$
		\$
		\$
		\$
Total amount requested		\$

Authorization			
(Exec. Dir./Sr. Minister)			
Approved	Denied	Signature (or reason for denial)	Date

Check signer use only			
Approved	Denied	Signature (or reason for denial)	Date

Updated 2018.04.03