

Expense Request Form

Applicant Information

Date	_____	Department	_____
Total Amount Requested:	\$ _____	Requested by	_____
Description of expense _____			
Account number	_____	Approved by	_____
Signature	_____		
Amount approved	_____	Received by	_____
Signature	_____		

Additional Comments:

Supervisor Signature *Date*

Approval Request

Approved Amount:	_____	Approved Classification:	_____
_____ <i>Department Manager Signature</i> <i>Date</i>			

Confirmation of Request

Request Extended By: _____

Status of Request: Accepted Declined

If accepted, confirmation sent to Human Resources for processing: ☐