

## **SPEND AUTHORIZATION CHECK LIST**

Worker: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Description/Destination: \_\_\_\_\_

Justification: \_\_\_\_\_

Account to be charged: \_\_\_\_\_ Acct. Mgr. Initials \_\_\_\_\_

### **Expense Lines:**

- Transportation Costs: \$ \_\_\_\_\_ Pay on Pcard? Yes / No
- Lodging Costs: \$ \_\_\_\_\_
- Per Diem: \$ \_\_\_\_\_
- Registration Costs: \$ \_\_\_\_\_ Pay on Pcard? Yes / No
- Other Costs: \$ \_\_\_\_\_

Provide any additional information (if needed):