

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):