

**REQUEST AND AUTHORIZATION TO INCUR EXPENSE**

(Must be completed prior to incurring expense.) CLAIM NO. \_\_\_\_\_

1. Payee Address/Phone <i>(who will payment be made to?)</i>		2. *Today's Date	
3. *Requestor' <i>(who is asking for this expense?)</i>		4. *Amount	5. Date Needed

**6. \*Description/Justification:**

**This must be submitted to the Approving Official prior to travel or expenditure.**

7a. Approving Official Signature:  <b>Amy Johnson,</b> Project Director		7b. Date Signed:	
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8a. Funding Approval:  <b>Marti Coco,</b> Treasurer/Budget Officer		8b. Date Signed:	
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9. Type of Service: Check One

<input type="checkbox"/> Mileage/Per Diem <input type="checkbox"/> Printing & Reproduction, Court Documents <input type="checkbox"/> Advertising/Publication	<input type="checkbox"/> Purchase of Office Supplies <input type="checkbox"/> Other: Please describe <hr/> <hr/>
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**10. Receiving Report**

I certify that the goods or services described in the attached voucher have been received.

\_\_\_\_\_  
Signature/Title Date

*(This is whomever received goods or provided the service.)*

**11, For Budget Officer Use Only:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**12. MODIFICATION:(TO BE COMPLETED BY BUDGET OFFICER)**

Upon receipt of goods/services to reflect invoice amount	Requestor Initials/Date		Budget/Date	
Cancel -- exceeds 120 days <input type="checkbox"/> No charges anticipated <input type="checkbox"/> No longer needed	Requestor Initials/Date		Budget/Date	
Other	Requestor Initials/Date		Budget/Date	