

EXPENSE PRE-APPROVAL REQUEST FORM

(Expenses over \$50)

Date: _____

Requested by: _____

Item (s) to be ordered/purchased/Fees to be paid: _____

Reason/Use: _____

Amount: \$ _____ Need by Date: _____

Expense Account: _____

(e.g., Adult Clinic, Education, etc.)

For Board Members Only:

Approved by:

Board Member (s)

Date: _____

Notes:

Treasurer's Signature: _____ Reference # _____