



Expense Pre-Authorization
(To be approved 5 or more days prior to purchase)

Date: _____

Name of Purchaser: _____

When will purchase take place? *(month/yr)*: _____

Signature of the authorized department head: _____
(obtained by purchaser prior to turning in form or by Michael or Abby prior to making prepaid visa transfer)

Reason for purchase: _____

(Example: office, preschool, decor, special event)

Amount budgeted: \$ _____

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