

VADEMS

EXPENSE AUTHORIZATION

EXPENSE INFORMATION:

Requested By: _____ Total Amount: \$ _____

Date: _____ Purpose: _____

VENDOR / PAYEE INFORMATION:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

AUTHORIZATION:

Bank: FEDERAL STATE Budget Line: _____

Chief Operating Officer: _____

Executive Director: _____

Chairwoman: _____

Expenditures must be authorized before the can funds can be committed.

ATTACH ALL RECEIPTS

All requests must be submitted with full documentation within 30 days to the Operations Department.