

# Emergency Expense Authorization Document

Date: \_\_\_\_\_

Document No.: \_\_\_\_\_

## Requester Information

Name	_____	Department	_____
Position	_____	Contact	_____

## Expense Details

Description of Expense	_____		
Reason/Nature of Emergency	_____		
Expense Category	_____	Amount (USD)	_____
Date Needed	_____	Payee / Vendor	_____

## Justification

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

Requester Signature / Date

Immediate Supervisor / Date

Authorized Personnel / Date

## Important Notes

- This form must be completed and approved prior to incurring any emergency expense.
- All fields must be filled accurately to avoid delay in authorization.
- Supporting documents should be attached where applicable.
- Unauthorized or misrepresented expenses may be subject to disciplinary action.