

# Pre-Approval Expense Authorization

Requestor Name: \_\_\_\_\_

Department: \_\_\_\_\_

Date of Request: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Employee ID: \_\_\_\_\_

## Expense Details

Description	Purpose/Justification	Estimated Amount	Date(s) of Expense
Total Estimated Amount: _____			

## Additional Information / Comments

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Requestor Signature & Date

\_\_\_\_\_

Approver Signature & Date

## Important Notes

- All expenses must be pre-approved before incurring costs.
- Attach supporting documents/quotes if applicable.
- Incomplete forms may cause delays in approval.
- This form does not guarantee reimbursement if actual expenses exceed pre-approved amounts.
- Retain a copy of this document for your records.