

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.