

# Restricted Fund Expense Authorization Form

Fund Name

Fund Number

Department

Date

Purpose / Description of Expense

| Item / Service       | Description          | Amount               |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Total Amount Requested

Payee / Vendor

Special Instructions / Notes

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Requestor Signature

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Date

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Authorized Signatory

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Date