



# Expense Approval Request Form

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

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

Department 4- digit code: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Employee Title: \_\_\_\_\_

Employee Number: \_\_\_\_\_ Employee Email: \_\_\_\_\_

Expense Request Details:

Estimated Cost:

\_\_\_\_\_

Expense Request Justification:

Please attach any additional information:

Approved

Denied

Reason

Appointing Authority Signature

Date