

## BUDGET AUTHORIZATION FORM

Date \_\_\_\_\_

Event

Return form TWO WEEKS in advance to Keona Hill, KNHILL@VALDOSTA.EDU

Upon receipt, your request will be reviewed by Alison Mgbeke and Diane Guess. Acceptance decisions will be provided no more than 1 week after review.

If approved, items will be purchased and verified. Please list below exact purchases you wish to make.

Name \_\_\_\_\_ Project Name \_\_\_\_\_

ITEM	UNIT COST	QUANTITY	TOTAL COST	VENDOR

Requester may choose to attend the purchase trip/order. Absence may prevent accurate purchase.

Do you wish to attend purchase event? Yes I No I

Provide additional detailed information on back if needed.

Authorizors use only

SIGNATURE	TITLE	DATE
SIGNATURE	TITLE	DATE