



Invoice Approval Form

Name of Payee: _____	Agency Number: _____
Amount: _____	Agency Manager Approval Signature: _____ _____ Print name
Purpose (be specific – tell who, what, where, when and why): _____ _____ _____ _____ _____	*Witness Approval Signature: _____ _____ Print name *MUST be signed by member of Agency Management Team who is a Class A volunteer without financial restrictions and is not a family member of the manager Expense Code: _____ Date to be Paid by: _____ Date of Purchase: _____

***Please Note: This form is invalid if the Agency Manager has not signed for approval.**