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.