DISCRETIONARY EXPENSE APPROVAL FORM

Employee Name _____ Dept./Div _____

Description _____ Date of Event _____

Justification _____

Type and Amount of expenses:

	Category	Description	Estimated Cost
☐	Snacks		
☐	Refreshments		
☐	Sandwiches		
☐	Other		

Total Est. Cost : 0.00

Employee Signature _____ Date _____

Director Approval _____ Date _____

Executive Director Approval _____ Date _____

ATTACHMENT D