

**Payee Information** (Note: Independent Contractors must fill out and attach Form W-9)

Payee Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt/Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Allocation Information**

Check Amount: \$ \_\_\_\_\_ Purpose: \_\_\_\_\_

(Attach all receipts)

Area: Office \_\_\_\_\_ Services \_\_\_\_\_ Other (Specify) \_\_\_\_\_

**Cost Center**

(Specify group home, customer, admin dept. or network)

**Account Name**

(Example: travel, food, advertising, etc.)

**Amount**

<u>Cost Center</u>	<u>Account Name</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Special Instructions**

\_\_\_\_\_

**Approval**

Requested By: \_\_\_\_\_ Date: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

(Required for all expenditures-CFO for operations; DOS, AD, or SC for services, Dev Dir)

Executive Director: \_\_\_\_\_ Date: \_\_\_\_\_

(Required for expenditures of \$2,000 or more)

Audited By CFO: \_\_\_\_\_ Date: \_\_\_\_\_

Spending Limitations: Greater than \$2,000 Executive Director  
 \$500 - \$1999.99 CFO/DOS/Development Dir  
 \$251 - \$499.99 Assistant Director  
 \$250 and under Network Coordinator

**For Office Use Only**

Account# \_\_\_\_\_ Amount \$ \_\_\_\_\_

Account# \_\_\_\_\_ Amount \$ \_\_\_\_\_

Account# \_\_\_\_\_ Amount \$ \_\_\_\_\_

Account# \_\_\_\_\_ Amount \$ \_\_\_\_\_

Account# \_\_\_\_\_ Amount \$ \_\_\_\_\_