



**ANNUAL EXPENSE AUTHORIZATION**

*This form may be used for recurring invoices similar to Rent, Telecommunications, Utilities  
If completed, this form will be used as invoice authorization for the period specified below, not to exceed one fiscal year.*

Date: \_\_\_\_\_ For Fiscal Year: \_\_\_\_\_

Supplier Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Description: \_\_\_\_\_ Expense Code: \_\_\_\_\_

<u>Month</u>	<u>Amount (not to exceed)</u>
July	
August	
September	
October	
November	
December	
January	
February	
March	
April	
May	
June	

Prepared by: \_\_\_\_\_

DEPARTMENT HEAD APPROVAL: \_\_\_\_\_ Dept. No.: \_\_\_\_\_