

**All Souls Church, Unitarian  
1500 Harvard St., NW  
Washington, DC 20009  
202-332-5266**

**EXPENSE AUTHORIZATION FORM**

**Request**

Purpose *		
Requester or vendor *		Date *
Requester signature	Vendor account number	Vendor invoice number
Payee name	Phone number	Payee SSN / FEIN
Payee address		

**Authorization**

Authorizer (signature) *	Date *
Concurrence *	Date *

**Accounting**

Budget account(s) *	Amount(s) *
	Total

**Payment**

Check number *	Amount *	Signed by *	Date *
Delivered / mailed to (if different from payee)		Date delivered / mailed *	

**Instructions**

- All payments should be accompanied by an expense authorization form.
- Asterisks indicate required fields.
- Attach original receipts / invoices and the check voucher to this form.
- All payments should be authorized and concurred with before payment is made.
- Authorization can come only from the Administrator, President, Treasurer, or Assistant Treasurer.
- Concurrence should come from a designated church official, and can be "same as requester."