

A2. Authorization for Expenditure

MERRITT COLLEGE
Authorization for Expenditure of Funds

Date: _____

S. Sec. No.: _____

To School Cashier:

This is your authorization to make a check payable to: _____

Address: _____

City: _____ State: _____ Zip: _____

Charge to the Account: _____
 (Title) (Account No.)

ACCOUNT NUMBER	DESCRIPTION	AMOUNT
	TOTAL	\$

Date Needed: _____
(one school day is needed to process check)

Requested by: _____

Check No. _____

Approved by: _____

Date of Check: _____

Authorized by: _____

RECEIPTS MUST BE SUBMITTED TO THE BURSAR'S OFFICE FOR ALL REIMBURSEMENTS!