Vendor Name:			
Invoice Number:			
•			
Evnana			
Expense Category: (pick from drop down list)	Amount:	Purpose/Explanation of Expense:	Account Code
	-		
			<u> </u>
			<u> </u>
			<u> </u>
Total Amount			
			Date
SOM Approval:			Dat <u>e:</u>
			Date:
Principal Approval(>\$500	)):		
Senior Accountant Appro	oval(>\$1000):		Dat <u>e:</u>
	,		Date:
Chief Operations Officer	Approval (>\$25	500):	_
Evenutive Diseases Assess	wal/> ¢E 000\		Dat <u>e:</u>
Executive Director Appro	ovai(>\$5,000):		D. (
Board Chair Approval (>5	\$10,000):		Dat <u>e:</u>

## **Invoice Approval Form Instructions**

- 1 Enter the vendor name as it appears on the invoice.
- **2** Enter the invoice number as it appears on the invoice.
- 3 Select the entity/school from the pull down menu.Using the pull down menu, select the expense category that best matches the description of the4 product/service.
- 5 In the 'Amount' field, enter the amount as it appears on the invoice.
- **6** In the 'Purpose/Explanation of Expense' field, enter the purpose/description of the expense. Note: Column G will automatically fill itself - please do not enter information in this column.
- **7** Staple the <u>original invoice</u> to the form.
- 8 Approvals may be obtained via email, printed, and attached to the approval form.

  Submit the approval form, with original invoice and approvals (if necessary) attached, to the AP
- **9** department. Invoices for the previous month are due on the 15th day of the current month.
- **10** Must have all approvals needed according to the AP Thresholds before payment can be made.
- 11 Payments will be mailed within 10 days of receipt if all approvals are submitted with invoice.