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## Prior Authorization for Vendor Expenses

|  |
| --- |
| ***All commitments to expend over $1,000 need to be preceded by a pre-authorization memo from the Executive Director of the UNLV Foundation. For audit purposes, the pre-authorization memo should not be dated after the check request or invoice date. If it is dated as such, include clarification in the comment box below explaining the circumstances.***  ***This authorization must be accompanied by a hard-copy attachment of the Vendor estimate/Quote if one exists.*** |

**To:** Choose your supervisor.

**From:** Requester Name here. **Date:** Click here to enter a date.

| **Vendor Information** | |
| --- | --- |
| **Name of Vendor (If this is a new vendor, please attach the company’s W9 form)** | Enter Vendor Name. |
| **Purpose of Expense** | Enter Purpose. |
| **Budget Program** | Enter Budget Program. |
| **Budget Account** | Enter Budget Account. |
| **Amount of Expense(s)** | $ Enter Amount of Expense. |
| **Date Expense(s) Expected** | Click here to enter a date. |
| **Comments** | Enter Comments. |

**Supervisor Approval:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Choose supervisor name.

**Executive Director Approval:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nancy H. Strouse