



Pre-Authorization Request Voucher

Mail to Perry A. Henderson, Treasurer, 5888 Schumann Dr., Madison, WI 53711
The form may also be faxed to 608-274-5808

SECTION A: (To be completed by the individual making the request)

Date of Request: _____ Amount requested _____

Anticipated Date of Expenditure: _____

Proposed Vendor: _____

Expense Category: _____
(Budget line item)

Requested by: _____
(Printed Name) (Signature)

REASON FOR REQUEST:

SECTION B: (To be completed by the Finance Committee)

ACTION TAKEN:

Is amount requested within budget? Yes _____ No _____

Is request approved? Treasurer: Yes _____ No _____

If not approved? Finance Committee Chair: Yes _____ No _____

If not approved? President 100 BMM: Yes _____ No _____

DISPOSITION: _____ Approved _____ Non-approved _____ Approved with appeal

Authorized Signature: _____
(Treasurer) or (Finance Chair) or (President)

_____ Allocated to: _____
(Committee or Budget line item)