****

Fiscal Client Expenditure Request

*Requests can be submitted with the online version of this form at* [*www.parksandtrails.org*](http://www.parksandtrails.org)*.*

|  |  |
| --- | --- |
| Fiscal Client Name |  |
| Date of Request |  |

# Authorizations

Two designated contacts from the fiscal client’s leadership team must approve all expenditure requests. This is usually the president and treasurer. A third authorizer is needed if the person filling out this form is requesting a reimbursement for themselves or your group’s approval process requires it. Authorization can be a signature below or an approval sent via email.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Authorizer 1*Who is filling out this form?* | Authorizer 2*Who else will authorize?* | Authorizer 3*If needed. See above.* |
| Name |  |  |  |
| Role |  |  |  |
| Signature |  |  |  |
| Approval | Email approval? [ ]  | Email approval? [ ]  | Email approval? [ ]  |

# Expenditure Details *(\*Required fields)*

Fill in the details about the expenditure below. An attachment verifying the request, such as a receipt or invoice, is required. Please allow 10 business days for processing payment.

|  |  |  |  |
| --- | --- | --- | --- |
| Amount requested\*  | $ | Documentation\* | Receipt [ ]  Invoice [ ]  |
| Purpose of funds\**Provide a short description for the use of these funds, which must be used to fulfill your group’s mission.* |  |
| Payment due by |  | Grant expense? | [ ]  Grant name: |
| Payee name\* |  |
| Payee address\* |  |
| Other notes |  |