IMPORTANT

EXCEEDED BUDGET APPROVAL FORM

Req. # _____

Requester_____ Date_____

Vendor Information:

Name:_____ Vendor #_____

Quantity	**Cost per unit**	**Total Cost**	**Detailed Description**
_____	$_____	$_____	_____
			_____
_____	$_____	$_____	_____
			_____
_____	$_____	$_____	_____
			_____

The request for purchase exceeds budget by $_____ **for account number**

_____-_____ - _____ - _____ - _____.

Please transfer funds from account number

_____-_____ - _____ - _____ - _____.

EXCEEDED BUDGET PURCHASE AUTHORIZED AND APPROVED BY:

_____
Supervisor/Department Head

_____
Department Vice President

_____
Vice President for Finance & Administration