

ECEGSA Vendor Expense Form

PURPOSE: _____

PREAPPROVAL #: _____

VENDOR INFORMATION:

Company: _____
 Contact: _____
 Address: _____

Email: _____
 Phone: _____
 Fax: _____
 Date: _____

Item #	Date	Description	Amount
TOTAL			

FOR INTERNAL USE ONLY

CLAIM #: _____

APPROVAL 1: Name: _____

Date: _____

Signature: _____

APPROVAL 2: Name: _____

Date: _____

Signature: _____

By signing this claim form, we assert:

- (1) that we are signing authorities for the ECEGSA; and
- (2) that we authorize the reimbursement of these expenses from the ECEGSA.

METHOD: _____

DATE: _____