

Discretionary Expense Approval Form

Requestor's Information:

- Name: _____
- Position: _____
- Department: _____
- Contact Email: _____

Expense Description:

- Nature of Expense: _____
- Business Justification: _____
- Estimated Expense Amount: \$ _____

Approval Checklist (Tick all that apply):

- Meets Company Policy
- Requires Senior Management Approval
- Exceeds Discretionary Budget (Attach Justification)

Approval Signatures:

- Requestor's Signature: _____ Date: _____
- Immediate Supervisor: _____ Date: _____
- Budget Holder: _____ Date: _____