



SPENDING AUTHORIZATION FORM

Pursuant to Whitestown Ordinance No. 2009-10, all purchases over \$5,000 must be pre-approved by a body having authority to approve claims.

Name of Requestor: _____ Department: _____

Total Amount Requested: _____ Budget Line Number: _____

General Description of Purchase (Attach additional materials as appropriate):

Signature of Requestor: Savannah Solgere

Clerk-Treasurer Office Verification:

Sufficient funds are available in the budget line numbers set forth above for the purchase amount requested above:

Signature of Clerk-Treasurer Designee: _____

Printed Name: _____

Board Approval:

On _____, the _____ of the Town of Whitestown approved the above requested spending authorization in an amount not to exceed \$ _____.

Signature of Board President or Secretary

*All payments must follow applicable claims approval procedures.

**Requestor is responsible for ensuring any applicable bidding procedures (statute and/or ordinance) are followed.