



**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: \_\_\_\_\_

**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.