



### SPENDING AUTHORIZATION FORM

Pursuant to Whitestown Ordinance No. 2024-08, all purchases over \$25,000 must be pre-approved by 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):

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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.