Kentucky Orchid Society

Purchase Authorization

Date: _____

Payee: _____

Address: _____

Method of Payment: _____ Amount: $_____

Budget Category for the expenditure: _____

Describe the item to be purchased: _____
_____
_____

Describe the purpose of the purchase: _____
_____
_____

Describe any special terms: _____
_____

Authorizations:

Authorizing Officer_____ Date: _____

If over $1,000, a second approval is needed:

Second Authorizing Officer: _____ Date: _____

Treasurer review: _____ Check # _____ $ _____ Date: _____
Initials Amount