

EOC EXPENDITURE AUTHORIZATION FORM

Event:	Date:	EAF#:
EMBC Task #:	Time:	

Requesting Organization/Community:		
Authorized Representative:	Name:	Location:
Telephone:	Fax:	Email:

Description of Expenditure: (include nature of goods and/or services being acquired/provided, desired outcome, location, date/time planned...)

Amount Requested:		Expenditure Not to Exceed:	
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EOC Approvals	Approved for Processing by:	Expenditure Request Approved by:
	Position:	Position: EOC Director (or designate)
	Date/Time:	Date/Time:

PREOC Approvals	Approved for Processing by: <input type="checkbox"/> Not Approved	Expenditure Authorized by:
	Position: Operations Section Chief	Position: PREOC Director (or designate)
	Date/Time:	Date/Time:

- Distribution:**
- | | |
|--|--|
| <input type="checkbox"/> EOC Director | <input type="checkbox"/> PREOC Director |
| <input type="checkbox"/> EOC Operations Section | <input type="checkbox"/> PREOC Operations Section |
| <input type="checkbox"/> EOC Planning Section | <input type="checkbox"/> PREOC Planning Section |
| <input type="checkbox"/> EOC Logistics Section | <input type="checkbox"/> PREOC Logistics Section |
| <input type="checkbox"/> EOC Finance & Admin Section | <input type="checkbox"/> PREOC Finance & Admin Section |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |

Comments: