**INCIDENTAL APPROVAL FORM**

**Must be attached with One Card or T&E Expense Report with Receipt**

**See Policy at** [**Incidental Expenses**](https://www.umsystem.edu/ums/policies/finance/incidental_expenses)

**Date form completed:**

**Department:**

**Who is completing the form/who to return form to:**

**Incidental purchase date:**

**Incidental item(s) to be purchased:**

**Reason for purchase (if an event, please include event host, type, date and location):**

**Approximate cost: $**

**Funding Source**

**Type of funds using:**

**Dept ID: MoCode: Fund Code:**

**Department Chair or Director Approval and Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Division Fiscal Manager Approval and Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Division Vice Provost or Dean Approval and Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Chancellor’s designee, the Provost Approval and Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_