



## Invoice Approval Form

<b>Name of Payee:</b> _____  <b>Remittance Address:</b> _____ _____ _____  <b>Amount:</b> _____  <b>Purpose (be specific):</b> _____ _____ _____	<b>Local Program Number:</b> _____  <b>Local Program Manager Approval Signature:</b> _____ _____ _____ Print Name  <b>Witness* Approval Signature:</b> _____ _____ _____ Print Name
<b>Expense Code:</b> _____  <b>Purchase Date:</b> _____  <b>Payment Due Date:</b> _____	<small>*Must be signed by a member of the Local Program Management Team who is a Class A volunteer without financial restrictions and is not a family member of the manager</small>

**Common Expense Codes:**

- |                              |                               |
|------------------------------|-------------------------------|
| 6010 - Professional Fees     | 6161 - Printing               |
| 6020 - Supplies              | 7000 - Fundraising Expenses   |
| 6025 - Equipment             | 7033 - Raffle Items           |
| 6030 - Postage/Shipping      | 7063 - Concessions            |
| 6032 - Equipment Maintenance | 8000 - Athlete Awards         |
| 6034 - Equipment Rental      | 8010 - Athlete Entertainment  |
| 6050 - Appreciation          | 8030 - Athlete Transportation |
| 6060 - Hospitality           | 8040 - Athlete Uniforms       |
| 6101 - Facility Rental       | 8100 - Housing                |
| 6150 - Advertising           | 8200 - Meals                  |

**Submission:**

Send signed invoice approval form & corresponding paperwork to the below email address:

[accountspayable@specialolympicswisconsin.org](mailto:accountspayable@specialolympicswisconsin.org)

If mailing paperwork, please keep a copy for your records.