

BEST BUDDIES

Proposed In-Office Expense Form

Requestor Name: Orla Roche
 Requestor Position: Executive Assistant
 Region/State/Department: Miami, FL, HQ

AP Distribution

DATE	VENDOR NAME	ADDRESS	W9	SPECIAL INSTRUCTIONS	ACCOUNT CODE select from drop-down	COST CENTER select from drop-down	PROJECT ID	AMOUNT
9/10/25	BBI Merchandise	HQ	W9 is required	Check Request (Please read note)	51912 - Public Awareness	NATIONAL - 001	State Admin	\$17.00
		Loading	W9 is not required	Check Request (Please read note)				
TOTAL								\$17.00

Orla Roche

Employee Signature

9/10/25

Date

Approval Signature

Date