



# BEST BUDDIES Proposed In-Office Expense Form

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

DATE	VENDOR NAME	ADDRESS	W9	SPECIAL INSTRUCTIONS	ACCOUNT CODE <small>select from drop-down</small>	COST CENTER <small>select from drop-down</small>	PROJECT ID	AMOUNT	COMPLETE
9/3/25	1 SEARCH GROUP LLC	100 SE 2nd Street, Suite 2200, Miami FL 33131	W9 is not required	ACH (Please read note)	51912 - Public Awareness	NATIONAL - 001	MISC	\$ 136.80	COMPLETE
	1 SEARCH GROUP LLC		W9 is required	Check Request (Please read note)					Incomplete
	1 SEARCH GROUP LLC		W9 is required	Check Request (Please read note)					Incomplete
	1 SEARCH GROUP LLC		W9 is required	Check Request (Please read note)					Incomplete
	1 SEARCH GROUP LLC		W9 is not required	Check Request (Please read note)					Incomplete
<b>TOTAL \$</b>								<b>136.80</b>	

**Orla Roche**  
 Employee Signature

9/3/25  
 Date

Approval Signature

\_\_\_\_\_  
 Date

**Approval limits must be followed:**

- Program Supervisor - \$600
- Deputy Directors, Directors, Area Directors & Managers - \$1,000
- State and Regional Directors - \$1,500
- Senior Directors & Vice Presidents - \$2,000
- Senior Vice President, Operations & Programs - \$5,000