



BEST BUDDIES

Proposed In-Office Expense Form

Requestor Name: Cary Ombres
 Requestor Position: SYP
 Region/State/Department: HQ-International

| DATE | VENDOR NAME | ADDRESS | W9 | SPECIAL INSTRUCTIONS | ACCOUNT CODE select from drop-down | COST CENTER select from drop-down | PROJECT ID | AMOUNT | COMPLETE |
|-----------------|-------------|---------|--------------------|------------------------|---------------------------------------|--------------------------------------|------------|---------------|----------|
| 11/5/25 | BB SHOP | HQ | Loading | ACH (Please read note) | 51912 - Public Awareness | NATIONAL - 001 | MISC | \$ 139.30 | Complete |
| | | | W9 is not required | | | | | | Pending |
| | | | W9 is not required | | | | | | Pending |
| | | | W9 is not required | | | | | | Pending |
| | | | Loading | | | | | | Pending |
| TOTAL \$ | | | | | | | | 139.30 | |

11/5/2025
Date

Orla Roche
Employee Signature

Date

Approval Signature

- 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