



BEST BUDDIES

Proposed In-Office Expense Form

Requestor Name: _____
 Requestor Position: _____
 Region/State/Department: _____

AP Distribution

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
3/31/26	BB MERCH Purchase	Pick Up/Ship to Palo Alto	<u>Loading</u>	ACH (Please read note)	75675 - Breakaway Camp - Printing, Shipping & Suppl	NATIONAL - 001	PALO ALTO	\$ 1,148.76	Complete
			<u>W9 is not required</u>						Pending
			<u>W9 is not required</u>						Pending
			<u>W9 is not required</u>						Pending
			<u>Loading</u>						Pending
TOTAL								\$ 1,148.76	

Megan Garcia

Employee Signature _____

3/31/2026

Date _____

Megan Garcia

Approval Signature _____

3/31/2026

Date _____

Approval limits must be followed:

- Program Supervisor, Senior Program Manager & Senior Employment Consultant \$300
- Deputy Directors & Managers \$600
- Regional Directors, Area Directors and Directors \$1,000
- State Directors \$1,500
- Senior Directors & Vice Presidents \$2,000