

REQUEST FOR EXPENDITURE APPROVAL

Cost Code _____ **Description** _____

Property: _____

Unit Number _____ 1BR ____ 2BR ____ 3BR ____

Unit Status: Occupied _____ Vacant _____ On Notice _____

Date Submitted: _____

Submitted by: _____

Vendor Name: _____

Approved Vendor: Yes _____ No _____

Amount Requested: \$ _____

Date of Bid/Estimate: _____

Description of Work/Materials: _____

ATTACH VENDOR BID OR ESTIMATE

FAX TO 727-754-8468

For Home Office Use Only

_____ Property Expense. Manager to issue FMC PO.

_____ Rehab Cost. Home Office to issue PO
FDC PO Number _____
Copy Attached Yes _____ No _____

_____ Expenditure Denied. Do not authorize.

Comment: _____

By: _____ Date: _____