Greater Cincinnati Orchid Society

Purchase Authorization

Date: _____

Payee: _____

Address: _____

Method of Payment: _____

GCOS Budget Category for the expenditure: _____

Describe the item to be purchased:

Describe why GCOS needs this item:

Describe any special terms of the purchase:

Authorizations:

_____ _____
Authorizing Officer Date

If over $2,000, a second approval is needed:

_____ _____
Second Authorizing Officer Date

Treasurer's review: _____
Initials

□ Input into AP □ Check issued # _____ $_____ _____
Amount Date