

AUTHORIZATION FOR IN-SERVICE EXPENDITURES

Issuing Unit	Region	Authorization Number	Date
Type of Transfer (Please check box)		<input type="checkbox"/> Interregional	<input type="checkbox"/> Intraregional
To:		Unit	Region
You are hereby authorized to incur necessary expenditures for the following purposes (describe fully)			

Appropriation to be charged:	Estimated Cost:
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You are authorized to transfer charges for the above work to the issuing office.

Signature of Authorizing Officer	Title
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Approved for Billing
(To be completed by performing unit)

Appropriation to be credited	Amount	
Signature of Approving Officer	Title	Date