Duke University School of Nursing

Expense Approval Form

05/06/20 version

*Please complete the fields below, obtain your Associate Dean’s signature and email in this Word document format with any back up documents attached to Will Falls* at [william.falls.jr@duke.edu](mailto:william.falls.jr@duke.edu) *for approval routing.*

**Requestor**  Click or tap here to enter text.

**Request Date**  Click or tap to enter a date.

**Expense Category**  Choose an item.

**For Software License requests only -** describe how the software 1) is not duplicative of already licensed software at Duke; (2) is essential to a core activity of the department(s) and describe that activity; and (3) utilization extends beyond a single use.

Click or tap here to enter text.

**Funding Cost Center(s)** Click or tap here to enter text.

**Amount** Click or tap here to enter text.

**Is Expense Budgeted?**  Choose an item.

**Describe Expense** Click or tap here to enter text.

**Describe Justification for Expense** Click or tap here to enter text.

***Approvals***

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Associate Dean Approval Signature Date

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ADFA Approval Signature Date