Duke University School of Nursing

Expense Approval Form

09/23/20 version

*Please complete the fields below, obtain your Associate or Vice 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 *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.

**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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 Requestor Signature Date

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 Associate or Vice Dean Approval Signature Date

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Vice Dean, Finance and Administration Approval Date