

# Expenditure Exception Form

To: \_\_\_\_\_

From: Rose E. Smith

Date: \_\_\_\_\_

Document #: \_\_\_\_\_

Document Date: \_\_\_\_\_

Vendor Name: \_\_\_\_\_

## Nature of Exception:

Late payment

**Please give an explanation for the above exception (attach additional sheet if necessary):**

Statement provided by (name and Signature): Rose E. Smith

## Required Signature:

Fiscal Officer: Lawrence J. McCrank  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date