In the Name of Allah, The Most Gracious, Most Merciful

## **Muslim Center of Middlesex County**

P.O. Box 505, Piscataway, NJ 08854 Phone: (732)463-7000 Tax ID: 22-2985187

## **Spending Authorization Request**

•	Source of Request :		
Name of School/Pro		•	Name of Requestor
Total Amount			
Total Alliount .			nature of Committee Chair
ure of Administrator		Date r the request	ed expense
Treasurer	Date	Total This Cl Balance	
	A DDD OX	ATO	
	<u>APPROV</u>	ALS:	
Signature	·		Approval[ ] Denial [
	Provide a description necessary you may  Total Amount:  ure of Administrator  ion that the funds a	Provide a description of the type of necessary you may attach further in  Total Amount:	Provide a description of the type of Purchase/Sponecessary you may attach further information for sign and solution and logging  Total Amount:  Sign and of Control number and logging  Total Administrator Date  Total Amount are available for the request sign and the funds are available for the request salary.  Treasurer Date Total  This Control Balance