



Request For Override of Existing Approval Limits

Please Print Date Here: _____

Please Print Your Name: _____

Requests That: _____

Be given approval rights over his/her existing limit of: _____ to \$ _____

For The Following Expense Categories: _____

For The Period Of, or Until Revoked:

Department VP: Please Print:

Signature: _____ Date: _____

Executive Approval: Please Print: _____

Signature: _____ Date: _____

Note: This is a change from standard Company spending approval and must be reviewed and agreed by the Legal Department. The current delegation of authority must be changed for this to be valid.