

**NOC FOUNDATION, INC.**  
**PURCHASE AUTHORIZATION**

**DATE:** \_\_\_\_\_

**PAYEE/COMPANY:** \_\_\_\_\_

**CONTACT NAME:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**PURPOSE OF EXPENDITURE:**

**Program** \_\_\_\_\_

**Fundraising** \_\_\_\_\_

**General & Administrative** \_\_\_\_\_

**Scholarships** \_\_\_\_\_

**Other** \_\_\_\_\_

**CAMPUS:**     **Tonkawa**     **Enid**     **Stillwater**

**AMOUNT:** \_\_\_\_\_

<b>OFFICE USE ONLY</b>
FUND ACCT _____
FUND DESCRIPTION _____
FUND BALANCE _____

**REQUESTED BY:** \_\_\_\_\_

Please attach signed itemized invoice and/or documentation.

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**APPROVED BY:**

\_\_\_\_\_  
**Sheri Snyder**  
**Executive Director**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Anita Simpson**  
**Treasurer**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Dr. Cheryl Evans**  
**Trustee**

\_\_\_\_\_  
**Date**