Authorization For Expense

AFE No:	
Rev:	
Title:	Cost Center:
Description:	Doc. No:
	Prepared By:
	Date:
	Approved Budget Available:
	Original / Supplement:
	Original AFE Value:
	Supplemental AFE Value:

Justification:

Internal Approvals

Cost Center / Company	Position	Name	Signature	Date

Partner / Participant Approvals

Company	% Participation	Value USD	Name	Signature	Date