

Expense Account Statement EMARI Region N.S.P.S.

Name: _____	Period Covered: _____
Address: _____	Function: _____
City: _____ State: _____ Zip: _____	

Date	Destination	Transportation			Lodging	Meals		Phone and ISP	Postage	Print and	All Other		TOTAL
		C/P/O	Miles	Amount		#	Amount				#	Amount	

Total												
Previous Sub.												
Total to Date												

				Annual	Prior	This	Total	Balance
Submittor's Signature _____				Date _____				
Approved by _____				Date _____		Account _____	Check # _____	Amount _____