Expense Account Statement Eastern Division N.S.P.S.

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

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					
Approved by	**Date**	**Account**	**Check #**		**Amount**