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 Date

Approved by Date

Account Check # Amount