# EXPENSE FORM

**EXPENSES (Please attach receipts)**

| Date | Item | Amount | Explanation |
|---|---|---|---|
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Total Expenses: _____ Advance Amount: _____

_____

**Employee's Signature** Date

_____

Supervisor's Signature Date

_____

Director's Signature Date

_____

FOR OFFICE USE ONLY
Amount Paid _____ Date _____ Check Number _____ Account _____

PSPL 2008