

EXPENSE STATEMENT

THIS STATEMENT MUST BE COMPLETED WITHIN TEN DAYS AFTER EACH TRIP

A.

PRINT NAME	EMPLOYEE ID #	TELEPHONE #
DESTINATION: (city, state)	DATES OF TRAVEL:	
TITLE OF EVENT:		

B. DO NOT INCLUDE ITEMS CHARGED TO THE NEWARK PUBLIC SCHOOLS

	MEALS	AIR/RAIL	PRIVATE AUTO	HOTEL	REGISTRATION	BAGGAGE FEES	TAXI / SHUTTLE	
DATES	ATTACH ORIGINAL ITEMIZED RECEIPTS							
TOTALS								

C. SUMMARY

(Brief report that includes the primary purpose for the travel, the key issues addressed at the event and their relevance to improving instruction or the operations of the school district).

D. DECLARATION

I HEREBY CERTIFY THAT THE ABOVE EXPENDITURES REPRESENT CASH SPENT FOR LEGITIMATE NPS BUSINESS EXPENSES ONLY AND INCLUDE NO ITEMS OF A PERSONAL NATURE.

Employee Signature _____ Date: _____

Principal/Director _____ Date: _____

NOTE: MAKE A CLEAR COPY OF ALL RECEIPTS FOR YOUR FILES