NEW-KENSINGTON ARNOLD SCHOOL DISTRICT

ITEMIZED EXPENSE ACCOUNT

(Receipts and supporting documentation must be provided, as appropriate.)

Date	Activity/Purposes/Location	Cost

Expenses to be charged to account # _____ Total $ _____

I hereby verify this is a true, complete, and accurate accounting of personal expenses incurred in the completion of assigned duties.

Signature _____ Date: _____

_____

Print Name Position Building

Approved for payment: _____ Date: _____