

STATEMENT OF EXPENSE

If you have no expense, please so state, sign and return this form.

NAME _____

ADDRESS _____

Expenses incurred attending _____

Miles _____ @ _____ \$ _____

Other _____ \$ _____

Expenses incurred attending _____

Miles _____ @ _____ \$ _____

Other _____ \$ _____

Expenses incurred attending _____

Miles _____ @ _____ \$ _____

Other _____ \$ _____

Miscellaneous expense (please itemize below) _____

TOTAL \$ _____

Signature

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0581-0178. The time required to complete this information collection is estimated to average 3 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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