## Orange Township Public Schools 451 Lincoln Avenue, Orange, NJ, 07067

## EXPENSE STATEMENT

THIS STATEMENT MUST BE COMPLETED WITHIN TEN DAYS AFTER EACH TRIP

Α.									
PRINT NAME					PO # (please list all if there's more than one) TELEPHONE #				
DESTINATION: (city, state)					DATES OF TRAVEL:				
TITLE OF EVENT:					•				
B. DC	B. DO NOT INCLUDE ITEMS CHARGED TO THE ORANGE BOARD OF EDUCATION								
	MEALS	TOLLS	MILEAGE	HOTEL	REGISTRATION	BAGGAGE FEES	TAXI/ SHUTTLE/ UBER		
DATES ATTACH ORIGINAL ITEMIZED RECEIPTS									
TOTALS									
TOTALO		1		1					
Biel	report that		orimary purpose fo improving instruct				e event and	(neir	
D. DECLAR	ATION								
I HEREBY CERTIFY THAT THE ABOVE EXPENDITURES REPRESENT CASH SPENT FOR LEGITIMATE OBOE BUSINESS EXPENSES ONLY AND INCLUDE NO ITEMS OF A PERSONAL NATURE.									
Employee Signatur	e					Date:			
NOTE: MAKE A CLEAR COPY OF ALL RECEIPTS FOR THIS FORM AND YOUR FILES									