STATEMENT OF EXPENSES

FOR _____, DURING _____

DSAH # _____, DISBURSING AGENT: _____, OFFICE #: _____

RECEIPT NUMBER	DATE OF SERVICE	DESCRIPTION OF EXPENSES	LOCATION	AMOUNT OF EXPENSES

GRAND TOTAL EXPENSES: _____
TOTAL ADVANCED: _____
TOTAL RETURNED TO ORF: _____

<u>DISBURSING AGENT STATEMENT:</u> I CERTIFY THAT THE ABOVE SUPPLIES OR SERVICES HAVE BEEN SATISFACTORILY PERFORMED AND THAT THE ACCOUNT IS CORRECT AND JUST; THAT ALL ARTICLES MENTIONED WITHIN WERE PROCURED UNDER AUTHORITY OF LAW OR THE SERVICES PERFORMED AS STATED AND WERE NECESSARY FOR PUBLIC SERVICE; THAT PRICES CHARGED ARE JUST AND REASONABLE; AND THAT PAYMENT HAS BEEN MADE IN FULL; AND (WHEN APPLICABLE) THAT ALL FUNDS RECEIVED, PROPERLY COVERED BY THIS LIST, ARE REPORTED.

_____
SIGNATURE OF AGENT / DATE