## BERMUDIAN SPRINGS SCHOOL DISTRICT York Springs, Pennsylvania 17372-8807

## MONTHLY EXPENSE ACCOUNT

Name:				For the Month of:			
Position:							
	PURPOSE OF TRIP AND					OTHER *	
DATE	PLACE VISITED	MILES	x .45	ROOM*	MEALS *	(SPECIFY)	TOTAL
				-			
				100		-	
							0
v.							
	TOTALS					:E/	
I hereby a employme	affirm that all of the above-liste ent-related activity.	ed expense	s are acc	urate and w	ere incurred	d in an approv	ed
			Employee Signature			: 5=	Date
Approved h	ру		Date				
	Supervisor	3	- 310				
Approved by			Date				
	Superintendent						

This expense account must be submitted to the Business Office no later than the first of each month for the preceding month. (\* ATTACH RECEIPTS AS NEEDED)