FIELD STUDIES PROGRAM (FSP) EXPENSE DOCUMENTATION SHEET

1. AUTHORIZATION NUMBER: __________________  2. STANDARD DOC #: ____________

3. EVENT: _________________________________________________________________

4. DATE(S) OF EVENT: ______________________________________________________

5. LOCATION(S) OF EVENT: ________________________________________________

6. NO. IMSs: ________________  NO. ESCORTS: ________________
   NO. GUESTS PAID BY FSP: ______  NO. GUESTS NOT PAID BY FSP: ______

7. LIST OF ACTUAL EXPENSES (INCLUDE COPIES OF RECEIPTS)

<table>
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<tr>
<th>EXPENSES</th>
<th>W/RECEIPT</th>
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<th>TOTAL</th>
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<td>TOTAL OF EXPENSES</td>
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8. MEALS (ITEMIZE COSTS BY DAY):

   ___________________________  ___________________________
   ___________________________  ___________________________
   ___________________________  ___________________________
   ___________________________  ___________________________

9. ADVANCE: *YES ____ AMOUNT: ____ DIFFERENCE TO BE COLLECTED: _______
   *Two lines of accounting data are required on SF 1164. (See Enclosures (10 and (12))

10. UNIT TRAVEL CARD (VISA) USED: YES: ____  NO: ____

11. LIST OF IMSs:

   NAME/COUNTRY CODE/WCN  NAME/COUNTRY CODE/WCN
   ______________________  ______________________
   ______________________  ______________________
   ______________________  ______________________
   ______________________  ______________________

12. LIST OF GUESTS BY NAME/TITLE (INDICATE WHETHER PAID BY FSP OR NOT:

   ___________________________
   ___________________________
   ___________________________
   ___________________________

13. LIST OF ESCORTS BY NAME/TITLE:

   ___________________________
   ___________________________
   ___________________________
   ___________________________

14. MODE OF TRANSPORTATION: COMMERCIAL [ ]  PWC [ ]  POV [ ]
I CERTIFY THAT THIS EXPENSE DOCUMENTATION SHEET IS TRUE AND CORRECT TO THE
BEST OF MY KNOWLEDGE AND BELIEF.

__________________________________________
NAME, TITLE & SIGNATURE OF REQUESTOR

__________________________________________
NAME, TITLE & SIGNATURE OF AUTHORIZED
APPROVING OFFICIAL

__________________________________________
NAME, TITLE & SIGNATURE OF AUTHORIZED
CERTIFYING OFFICIAL