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. GUESTS PAID BY FSP:	NO. GUE	NO. GUESTS NOT PAID BY FSP:	
7.	LIST OF ACTUAL EXPENSES (INCLUDE COPIES OF RECEIPTS)			
	EXPENSES W/REC	EIPT_	W/O RECEIPT	TOTAL
	TOTAL OF EXPENSES \$0.0	00	\$0.00	\$0.00
8.	MEALS (ITEMIZE COSTS BY DAY):			
	ADVANCE: *YES AMOUNT:			
*Two	o lines of accounting data are requi			and (12))
11.	· · ·	1E3.	·	
11.	NAME/COUNTRY CODE/WCN	NAME/CC	OUNTRY CODE/WCN	
12.	LIST OF GUESTS BY NAME/TITLE (IER PAID BY FSP OR N	TOT:
13.	LIST OF ESCORTS BY NAME/TITLE:			
14.	MODE OF TRANSPORTATION: COMME	 	PWC POV P	

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