Form A-24 (camp)
300M-1006033 (72) 346

PERSONAL EXPENSE

STATE OF NEW YORK Date:_____ , **20**_____

_____
Department, Bureau, or Agency

_____
Bureau or Division

_____
Payee Name

Address _____

_____

For amounts disbursed as follows: S.S. #:_____

MO	DAY	PARTICULARS	Auto Expense	Tel	Supper Money	Travel Expense	Misc.
		SUB TOTALS					
					GRAND TOTAL	**$**	

I hereby certify that the above account of expenditures is a true and correct statement of disbursements actually made by me; that the allowance for supper money included in this account was for services required after regular business hours and authorized by my supervisor; and that the expenditures of the above sums were necessary in the performance of my official city duties; and further that no part thereof has been paid to me except as stated thereon, and that the balance as shown therein is actually due me.

APPROVED BY _____ Signature _____
Supervisor or Chief Payee

Title _____

Date _____