Monthly Expense Statement
Cabinet and Staff Use

Name: Date:

Street Address:

City, ST, Zip:

Period beginning: Period ending:

Signature

Category	Account Number	Comments	Amount
Travel Expenses			
District Admin/Staff Expense			
Cell Phone			
Office Supplies			
Office Equipment			
District Office Phone/Internet			
District Block Grant			
Continuing Education			
District Lay-speaking Expenses			
DS Admin Cabinet Expenses			
District Non-Urban Property			
District Urban Property			
TOTAL			$ 0.00

Approval _____

_____

Finance Use: Voucher #