New York City Board of Education

BUSINESS EXPENSE REPORT

OD-7

Page ___ of ___Pages

Pay To: _____

PRINT Name of Claimant

Address: _____

Claimant's Address Zip Code

Date of Purchase	Description of Expenditure	Qty.	Unit Price	Total Cost	Receipt	
					Yes	No
					Check One	
	TOTAL					

I hereby certify that the above expenditure(s) reported is/are a true and correct statement and disbursement actually made by me for official business of the New York City Board of Education; that the expenditures of the above sums were authorized in accordance with regulations; that the expenditures were necessary in the performance of my official duties and that no payment has previously been received or requested by me for any part thereof.

_____ _____

Signature of Claimant **Date**

_____ _____

Signature of Approving Officer **Date**