

LEHMAN COLLEGE  
 250 BEDFORD PARK BLVD. WEST  
 BRONX, NY 10468

PERSONAL EXPENSE

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
 EMPLID: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PLEASE SELECT:                    STATE EMPLOYEE                    RESEARCH FOUNDATION  
    ANOTHER CAMPUS ENTITY \_\_\_\_\_

**CHART FIELDS:**

Dept.: \_\_\_\_\_ Dept. Name: \_\_\_\_\_

CUNYfirst General Ledger: \_\_\_\_\_ Fund: \_\_\_\_\_ MOP: \_\_\_\_\_

Operating Unit: \_\_\_\_\_ Funding Source: \_\_\_\_\_ Special Initiative: \_\_\_\_\_

For amounts disbursed as follows:

<u>DATE</u>	<u>PARTICULARS</u>	<u>SUPPLIES</u>	<u>TELEPHONE</u>	<u>MISC.</u>
<b>SUB-TOTALS</b>		<b>\$</b>	<b>\$</b>	<b>\$</b>
<b>GRAND TOTAL \$ _____</b>				

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 requires 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 certify that no part, thereof has been paid to me except as stated thereon, and that the balance as shown there in is actually due to me.

APPROVED BY: \_\_\_\_\_  
(Payee Signature)

\_\_\_\_\_ Chairman/Supervisor  
 \_\_\_\_\_ (Payee's Title)