

**SOMERSET COUNTY PUBLIC SCHOOLS
 FINANCIAL REPORT FORM
 FOR
 BOARD OF EDUCATION MEMBERS**

| REIMBURSEMENT | | EXPENSES - CHARGED | |
|---|--------|---|--------|
| I have incurred the following expenses <input type="checkbox"/> <i>Outside of the County</i> <input type="checkbox"/> <i>Inside of the County</i> in my official capacity. Please reimburse me for the following expenditures | | I have made the following purchases at the stated locations at the expense of the Somerset County Public School System in my official capacity. | |
| DESCRIPTION OF ITEMS | AMOUNT | DESCRIPTION OF ITEMS | AMOUNT |
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| | | | |
| | | | |
| TOTAL | | TOTAL | |

Please Attach All Receipts.

Board Member's Signature _____ Date

Chairman's Signature _____ Date

Vice Chairman's Signature _____ Date