AREA 3 WEAPONS OF MASS DESTRUCTION AND HAZARDOUS MATERIALS TEAM, INC

Expense Claim Form

AM Approval _____ **PM Approval:** _____ **BM Approval:** _____ **Period Covered From:** _____ **To:** _____

Date: _____ **Date:** _____ **Date:** _____

Name: _____

Address: _____

COMMODITIES OR SERVICES	COST CATEGORIES			DATE OF WARRANT/EFT	WARRANT NUMBER
	Personnel Compensation And Benefits	All Other	Total		
TOTAL AMOUNTS EXPENDED:					

I, the undersigned, declare under penalty of perjury that I have examined this document, including all supporting documents, and certify the commodities or services specified above to used by the UNDERSIGNED TEAM.

TEAM LEADER Date