

INFORMATIONAL PROGRAM (IP) EXPENSE DOCUMENTATION SHEET

1. AUTHORIZATION NUMBER _____ 2. REQUESTOR NAME _____

3. EVENT: _____

4. DATE(S) OF EVENT: _____

5. LOCATION(S) OF EVENT: _____

6. NO. IMSs: _____ NO. ESCORTS: _____
 NO. GUESTS PAID BY IP: _____ NO. GUESTS NOT PAID BY IP: _____

7. LIST OF ACTUAL EXPENSES (INCLUDE COPIES OF RECEIPTS)

<u>EXPENSES</u>	<u>W/RECEIPT</u>	<u>W/O RECEIPT</u>	<u>TOTAL</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL OF EXPENSES	_____	_____	_____

8. MEALS -- (ITEMIZE COST BY DAY)

9. ADVANCE: *YES: _____ AMOUNT: _____ DIFFERENCE DUE/TO BE COLLECTED: _____
 NO: _____ TOTAL AMOUNT DUE: _____

* Two lines of accounting data are required on SF 1164. (See attached SF 1164)

10. LIST IF IMSs:

<u>NAME/COUNTRY CODE/WCN</u>	<u>NAME/COUNTRY CODE/WCN</u>
_____	_____
_____	_____
_____	_____
_____	_____

11. LIST OF GUESTS BY NAME/TITLE: _____ (INDICATE WHETHER PAID BY IP OR NOT)

12. LIST OF ESCORTS BY NAME/TITLE:

13. MODE OF TRANSPORTATION: COMMERCIAL _____ PWC _____ POV _____

 NAME, TITLE & SIGNATURE OF REQUESTOR