

# CITY OF POULSBO

## \*GENERAL EXPENSE RECEIPT\*

<u>DATE</u>	<u>DESCRIPTION</u>	<u>AMOUNT</u>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

TOTAL \$0.00

AMOUNT

Account to be charged:

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

I hereby certify under penalty of perjury that I incurred the above itemized costs which are appropriate and legal charges to the City of Poulsbo and that no payment has been received by me on account thereof, and the original receipt has been lost or is not available for submission.

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Date

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Employee Signature

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Date

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Department Approval

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Date

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Finance Department Approval

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Title