



Center for **Educational** Innovation
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**STATEMENT OF EXPENDITURES FOR WHICH ITEMIZED
RECEIPTS WERE NOT OBTAINED OR WERE LOST**

DATE OF PURCHASE	NAME OF VENDOR	DESCRIPTION OF EXPENSE	TOTAL COST

I certify that the above account of expenditures is a true and correct statement and was for a disbursement actually made by me for official business of CEI; was necessary in the performance of my official duties and that the item/service was received.

Signature of Claimant: _____

Date: _____