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PLEASE PRINT CLEARLY OR USE TYPEWRITER

CGFNS Examination Expense Report

Examination date: _____ Center name / number: _____

Local currency: _____ Amount equal to USD\$1.00 on exam date: _____

Personnel Expenses

Make check payable to	Amount in local currency	Amount in USD\$
1. Manager	=	= \$
2. Chief Proctor	=	= \$
3. Asst. Chief Proctor	=	= \$
4. Proctors	=	= \$
	=	= \$
	=	= \$
(use back of sheet or attach list of names if additional space is needed)		
A. Subtotal Personnel costs:	=	= USD\$

Site-Related Expenses

Make check payable to	Amount in local currency	Amount in USD\$
1. Rental of Exam Hall	=	= \$
2. Sound equipment	=	= \$
3. Fax / Telephone	=	= \$
4. Cables / Postage	=	= \$
5. Rental desk / chairs	=	= \$
6. Drayage	=	= \$
7. Janitorial services	=	= \$
8. Supplies / Miscellaneous (please specify)	=	= \$
B. Subtotal Site-related costs:	=	= USD\$

Return Shipping Expenses

	Make check payable to	Amount in local currency	Amount in USD\$
1.	Courier	=	= \$
2.	Airline	=	= \$
3.	Other	=	= \$
C. Subtotal Return Shipping Expenses:		=	= USD\$

Total expenses incurred (add A, B and C) **USD\$**

Total expense reimbursement: **USD\$**
 (Amount payable to manager)

Please attach receipts for all expenses incurred as well as staff configuration plan.

Manager signature: _____

Special mailing address for expense checks:
If none listed, checks will be sent to normal address used

Additional names, if any, from page 1

	Make check payable to	Amount in local currency	Amount in USD\$
		=	= \$
		=	= \$
		=	= \$
		=	= \$
		=	= \$
		=	= \$
		=	= \$