

DATE: \_\_\_\_\_

**MEMORANDUM**

**FROM:** \_\_\_\_\_

**TO:** Director, Civilian Institutions Program Office, Code 522, Naval Postgraduate School, 1 University Circle, Herrmann Hall, Room E046, Monterey CA 93943-5033

**SUBJ:** STATEMENT OF EXPENSES IN CONNECTION WITH ATTENDANCE AT A CIVILIAN INSTITUTION

1. I have incurred the following expenses in connection with a postgraduate degree program at a civilian institution. The original receipt(s) have been inadvertently lost or destroyed and I certify that the amount claimed is true and correct.

TYPE OF EXPENSE	AMOUNT
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**TOTAL:** \_\_\_\_\_

2. I understand that the penalty for willfully making a false claim is: *A maximum fine of \$10,000.00 or maximum of 5 years imprisonment or both. (U.S. Code Title 18, Section 287, formerly section 80.)*

\_\_\_\_\_  
(Signature of Claimant)

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