Rev 12/2016

AGENCY MONTHLY REPORT FORM

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THES SPACE FOR OFFICE USE ONLY



State of Idaho

Lawerence Denney Secretary of State To Be Filed By

A-3 AGENCIES
(Sec. 67-6619A)

17 APR -5 PM 2: 07

LUNCIARY OF STATE

STATE OF IDAHO

(Type or print clearly in black ink) See instructions at bottom of page

Phone: (208) 334-2852 Fax: (208) 334-2282

Agenc	y/Office: E	Boise State University					
Name Roger Brown of Contact:					Item Totals of all reportable expenditures made or incurred by the Agency or Department.		
Work Phone: (208) 426-1491 Mailing 1910 University Drive Address: 03/15/2017 Prepared: (Mo) (Day) (Yr) Period Month ending 03 31 2017					Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity Do Not Have to be Reported *Total Amount for All Employers Entertainment Food and Refreshment Living Accommodations Advertising Travel		
							All Employers
							Telephone Other Expenses or Services
						Total	s_12.16
					2	Date	Place
	I	INSTRUCTIONS	.	ltem 3	CERTIFICATION: I hereby certify that the above is a true complete and correct statement in accordance with Section 57 0021 Idaho Code.		
to rep	xort interactio	his form: Any State Agency or Office who ns with the Legislative or Executive Departm., Idaho Code.		AguayCo	15	and a	
Filing deadline: Monthly reports due within fifteen (15) days of the month for activities of the past month.					Simuci Sign	Ann! 17	
ТОВ	BE FILED W	ITH: Lawerence Denney Secretary of State PO Box 83720 Boise, ID 83720-0080		Date		\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	