

Expenses Report

Employee Name : _____

Social Security Number : _____

Period Ending : _____

Client / Location : _____

Project : _____

Day	Date	Rental Car	Gas	Tolls	Motel	Parking	Others
Mon							
Tue							
Wed							
Thu							
Fri							
Sat							
Sun							
Total Amount		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Total in \$: 0 Total in Words :

Please include Original Receipts for all Expenses :

Comments :

Employee :

Signature

Date