



Statement No. _____

EXPENSE STATEMENT

Employee _____

Pay Period _____

Name _____ Emp # _____
SSN _____ Position _____
Department _____ Manager _____

From _____
To _____

Date	Account	Description	Accom	Transport	Fuel	Meals	Phone	Entertain	Other	TOTAL

Approved By

Notes

Current mileage reimbursement rate is \$.35

- Reimbursement
- Payment Needed

Sub Total _____
Subtract Advances _____
TOTAL _____

Consultant Signature: _____

Please Include Receipts with the Expense statement

Please have the expense sheet signed by the reporting manager