



Statement No. _____

EXPENSE STATEMENT

Employee	Pay Period
Name _____	From _____
SSN _____	To _____
Department _____	
Emp # _____	
Position _____	
Manager _____	

Date	Account	Description	Accom	Transport	Fuel	Meals	Phone	Entertain	Other	TOTAL

Approved By	Notes <i>The mileage reimbursement rate is 55.5 cents per mile</i>	<input checked="" type="radio"/> Reimbursement <input type="radio"/> Payment Needed	Sub Total _____ Subtract Advances _____ TOTAL _____
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Consultant Signature: _____

Please have the expense sheet signed by the reporting manager

Please Include Receipts with the Expense statement or keep the copies with you for 3 years to present during IRS audit