SYSTEMS INC

Statement No.

EXPENSE STATEMENT

Employee

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

Pay Period

From _____
To _____

Date	Account	Description	Accom	Transport	Fuel	Meals	Phone	Entertain	Other	TOTAL

Sub Total	
Subtract Advances	
TOTAL	

Approved By

Notes

The mileage reimbursement rate is 55.5 cents per mile

- (●) Reimbursement
- ( ) Payment Needed

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