Statement No.



## EXPENSE STATEMENT 🗕

Employee									Pay Period	
Name SSN Department			Emp # Position Manager				-		From _	
Date	Account	Description	Accom	Transport	Fuel	Meals	Phone	Entertain	Other	TOTAL
Approved		Notes							Sub Total	
Approved						Advances				
		The mileage reimbursement rat	e is 55.5 cen	ts per mile		Reimbursem Payment Nee			TOTAL [	

Consultant Signature:

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

Please have the expense sheet signed by the reporting manager