ettain group

EXPENSE REPORT

Contractor Name: _____ **FAX TO: (800) 856-2177**

DATE _____

CLIENT: _____

MILEAGE EXPENSES

DATE	FROM	TO	PURPOSE OF TRIP/ notes	# OF MILES
			Total Mileage	0

Total Mileage 0 **x** _____ **Per Mile =** $ -

TRAVEL EXPENSES

Date:	SUN	MON	TUE	WED	THU	FRI	SAT	AMOUNT
Air Travel								$ -
Car Rental								$ -
Parking								$ -
Taxies & Tolls								$ -
Hotel/Lodging								$ -
Transportation								$ -
Other								$ -
							Subtotal	$ -

MEALS & MISCELLANEOUS EXPENSES

DATE	DESCRIPTION/EXPLANATION	AMOUNT
	Subtotal	

Total Expenses (Sections A, B & C) $ -

Contractor Signature _____ **Date** _____

Manager's Signature _____ **Date** _____