

## *WD Associates* EXPENSE REPORT

EMPLOYEE NAME:	ADDRESS:	DATE:	EMPLOYEE #
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TYPE OF EXPENSE:	BUSINESS TRIP ( )	SUPPLIES ( )	RELOCATION ( )	OTHER ( )	Billable: Yes ( )	If Yes, P.O. _____	No ( )
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TRIP		EXPENDITURES						
DATE	PURPOSE	COMMERCIAL TRAVEL \$	PERSONAL CAR		HOTEL	MEALS	OTHER	TOTAL
			miles	@ \$0.41				
				\$ -				\$ -
				\$ -				\$ -
				\$ -				\$ -
				\$ -				\$ -
				\$ -				\$ -
				\$ -				\$ -
				\$ -				\$ -
				\$ -				\$ -
				\$ -				\$ -
<b>TOTAL</b>								\$ -

BUSINESS MEALS			
DATE	NAME AND COMPANY OF PERSONS PRESENT	PURPOSE	AMOUNT
<b>TOTAL</b>			\$ -

<table style="width: 100%;"> <tr> <td style="width: 60%;">TOTAL EXPENDITURES</td> <td style="width: 40%;">\$ _____ -</td> </tr> <tr> <td>LESS ADVANCES</td> <td>_____</td> </tr> <tr> <td><b>AMOUNT DUE EMPLOYEE</b></td> <td><b>\$ _____ -</b></td> </tr> </table>	TOTAL EXPENDITURES	\$ _____ -	LESS ADVANCES	_____	<b>AMOUNT DUE EMPLOYEE</b>	<b>\$ _____ -</b>	EXPLANATION OF OTHER   
TOTAL EXPENDITURES	\$ _____ -						
LESS ADVANCES	_____						
<b>AMOUNT DUE EMPLOYEE</b>	<b>\$ _____ -</b>						

EMPLOYEE SIGNATURE: _____	APPROVED: _____	CLIENT APPROVAL: _____ <small>(If required)</small>
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