

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	@ \$0.565				
								\$ -
								\$ -
								\$ -
								\$ -
								\$ -
								\$ -
								\$ -
								\$ -
								\$ -
TOTAL								\$ -

BUSINESS MEALS			
DATE	NAME AND COMPANY OF PERSONS PRESENT	PURPOSE	AMOUNT
TOTAL			\$ -

<table style="width: 100%;"> <tr> <td style="width: 60%;">TOTAL EXPENDITURES</td> <td style="width: 5%;">\$</td> <td style="width: 35%; text-align: right;">-</td> </tr> <tr> <td>LESS ADVANCES</td> <td></td> <td style="text-align: right;">_____</td> </tr> <tr> <td>AMOUNT DUE EMPLOYEE</td> <td>\$</td> <td style="text-align: right;">-</td> </tr> </table>	TOTAL EXPENDITURES	\$	-	LESS ADVANCES		_____	AMOUNT DUE EMPLOYEE	\$	-	EXPLANATION OF OTHER
TOTAL EXPENDITURES	\$	-								
LESS ADVANCES		_____								
AMOUNT DUE EMPLOYEE	\$	-								

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