

EXPENSE REPORT

FORM E-1A REV 4/09

MONTH	20	CERT #	SIGNATURE	

NAME _____

TITLE _______

DATE	MEALS	SERVICE CHARGE	HOTEL	• BUS • TAXI • RAIL	AUTO MILEAGE	AUTO RENTAL	AIR FARE	PARKING & TOLLS	POSTAGE	SUPPLIES	PHONE	OTHER	TOTAL EXPENSES	HOURS WORKED	HOURLY RATE	TOTAL SALARY
TOTALS																

FOR REIMBURSEMENT — Include receipts & business purpose must be explained on second page of form.

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Salary	Expense check #	COMMENTS:
Tier 1 Tax – Med Tier 1 Tax	Amount of check	
Tier 2 Tax	-	
Fed W/H	Payroll check #	Employer Tier 2 Tax
NET PAY	Amount of check	Approved By:

DATE	REPORT OF ACTIVITIES