

EXPENSE REPORT

EMPLOYEE NAME _____

WEEK ENDING _____

DATE	EXPENSE ITEMS	JOB#	COST CODE	PHASE	DESCRIPTION	AMOUNT
					TOTAL EXPENSES	

ADDITIONAL NOTES:

NOTE: Please attach copies of all receipts

Accounting		
PERIOD:		
JOB#	COST CODE/ GL#	AMOUNT

Employee Signature _____

Approval _____