# L.J. GONZER ASSOCIATES

Staffing & Technical Services

## EMPLOYEE EXPENSE REPORT

**Week Ending** **September 14, 2001**

| Date | Name & Place Visited | Purpose | Miles Traveled | Milage | Travel/Tolls | Phone | Meals | Misc. | Extended |
|---|---|---|---|---|---|---|---|---|---|
| Monday | | | | $ - | | | | | $ - |
| Tuesday | | | | $ - | | | | | $ - |
| Wednesday | | | | $ - | | | | | $ - |
| Thursday | | | | $ - | | | | | $ - |
| Friday | | | | $ - | | | | | $ - |
| Saturday | | | | $ - | | | | | $ - |
| Sunday | | | | $ - | | | | | $ - |
| Misc Exp. | | | | $ - | | | | | $ - |
| | | | **Totals** | | | | | | $ - |

INSTRUCTIONS:
Items should be listed seperately.
Receipts should be obtained for all expenses.
Additional sheets can be attached to this report as should all reciepts and support documents.

I certify that the above information with attached receipts and figures are a true and accurate account of my out of pocket costs.
I understand that this report will become a permanent record of L. J. Gonzer Associates.

Signature:_____ Date: _____

APPROVED: _____ Amout:_____ Date:_____ Check No.:_____