



L.J. GONZER ASSOCIATES

Staffing & Technical Services

EMPLOYEE EXPENSE REPORT

Week Ending _____

Date	Name & Place Visited	Purpose	Miles Traveled	Milage	Travel/Tolls	Phone	Meals	Misc.	Extended
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Sunday									
Misc Exp.									
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.: _____