

Expense Report

Email completed form to: payroll@coreoccupational.com

To ensure prompt and accurate payment of expenses, please complete this form and attach all related receipts and reports. Once complete, please have your supervisor approve and sign this form (*email approval is sufficient for field and traveling employees*).

Employee Name: _____ **Project Name#:** _____

Expenditures	Dates	Total Amount
Mileage	Dates _____	\$ _____
Gas	Dates _____	\$ _____
Lodging	Dates _____	\$ _____
Meals	Dates _____	\$ _____
Car Rental	Dates _____	\$ _____
Airfare	Dates _____	\$ _____
Airport Parking Fee	Dates _____	\$ _____
Equipment (Supplies/Computer)	Dates _____	\$ _____
Cell phone	Dates _____	\$ _____

Miscellaneous expenses and/or notes: _____

Total Reimbursables \$ _____

Approvals

Employee _____
 Signature Date

Supervisor _____
 Signature Date

Office Use Only: All Receipts Attached:(Y/N):____ Period Processed:_____ Payroll Initials:_____