EXPENSE REPORT

FORM E-1A REV 4/09

MONTH_____ 20_____ CERT # _____

NAME _____

TITLE _____

SIGNATURE _____

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.

FOR OFFICE USE ONLY

Salary _____
Tier 1 Tax – Med _____
Tier 1 Tax _____
Tier 2 Tax _____
SUBTOTAL _____
Fed W/H _____
State W/H _____
NET PAY _____

Expense check # _____
Amount of check _____

Payroll check # _____
Amount of check _____

COMMENTS: _____

Employer Tier 2 Tax

Approved By: _____

DATE	REPORT OF ACTIVITIES