EXPENSE REPORT

FORM E-1A REV 4/09

NAME _____

TITLE _____

MONTH_____ 20_____ CERT # _____ SIGNATURE _____

FORM MUST BE SIGNED

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
													$0.00			$0.00
													$0.00			$0.00
													$0.00			$0.00
													$0.00			$0.00
													$0.00			$0.00
													$0.00			$0.00
													$0.00			$0.00
													$0.00			$0.00
													$0.00			$0.00
													$0.00			$0.00
													$0.00			$0.00
													$0.00			$0.00
													$0.00			$0.00
													$0.00			$0.00
													$0.00			$0.00
													$0.00			$0.00
													$0.00			$0.00
													$0.00			$0.00
													$0.00			$0.00
													$0.00			$0.00
													$0.00			$0.00
													$0.00			$0.00
TOTALS	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	0.00		$0.00

FOR REIMBURSEMENT — Include receipts & business purpose must be explained on second page of form.

FOR OFFICE USE ONLY

Salary _____ $0.00
Tier 1 Tax – Med _____ 0.00
Tier 1 Tax _____ 0.00
Tier 2 Tax _____ 0.00
SUBTOTAL _____ $0.00
Fed W/H _____
State W/H _____
NET PAY _____

Expense check # _____
Amount of check _____

Payroll check # _____
Amount of check _____

COMMENTS: _____

Employer Tier 2 Tax 0.00

Approved By: _____

DATE	REPORT OF ACTIVITIES