



Receipts **must** accompany these requests. If receipts cannot be provided, the reimbursement must be taxed. Also, expense reimbursement requests **MUST** be received within 30 days of occurrence. We can not accept requests after this period has expired. .

<b>Contractor Travel Summary/Expense Reimbursement Report</b>
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Name: \_\_\_\_\_

Client: \_\_\_\_\_ Date: \_\_\_\_\_

**CASH OR PERSONAL CREDIT CARD EXPENSES**

DATE	COMPANY TRAVEL/EXPENSE DESCRIPTION (destination from-to)	MILES	MILEAGE RATE	MILEAGE REIMBURSE \$ Amount	OTHER EXPENSE AMOUNT		TOTAL
<b>TOTAL</b>							

**TOTAL EXPENSES: \$** \_\_\_\_\_

TOTAL MILES: \_\_\_\_\_

**I certify that I have incurred these expenses for work related purposes and I have attached all receipts as backup**

Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Client Approval: \_\_\_\_\_