

Tech Providers, Inc. Expense Report

Employee Name:	Phone No.	Department
Reason for Expenditures:	Report Period	Bill To

Employee Paid Expenses (to be Reimbursed)

	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Total
Airfare/Rail								\$0.00
Car Rental								\$0.00
Taxi/Bus/Limo								\$0.00
Parking/Tolls								\$0.00
Mileage/Gas								\$0.00
Breakfast								\$0.00
Lunch								\$0.00
Dinner								\$0.00
Entertainment *								\$0.00
Lodging/Room								\$0.00
Phone/Fax								\$0.00
Postage/Shipping								\$0.00
Office Supplies								\$0.00
Seminar/Conference								\$0.00
Miscellaneous								\$0.00
Daily Totals	0	0	0	0	0	0	0	\$0.00

Company Paid Expenses

Airfare/Rail								\$0.00
Car Rental								\$0.00
Lodging/Room								\$0.00
Miscellaneous								\$0.00
Daily Totals	0	0	0	0	0	0	0	\$0.00

*Detailed Descriptions

Date	Description	Amount
		\$0.00
		\$0.00
		\$0.00
		\$0.00

Mileage Log

Date	Miles	Rate	Amount
		\$0.485	\$0.00
		\$0.485	\$0.00
		\$0.485	\$0.00
		\$0.485	\$0.00
		\$0.485	\$0.00

I certify that the information provided above is an accurate record of expenses incurred by me.

Employee Signature	Date	Total Expenses:	\$0.00
		Less Company Paid:	\$0.00
Authorization Signature	Date		
Authorization Signature	Date	Due Company:	\$0.00
		Due Employee:	\$0.00