

Date	Office Supply	PJ#	Travel	PJ#	Hotel	PJ#	Field	PJ#	Parking	PJ#	Gas	PJ#	Mrkting/meal	PJ#	Repro	PJ#	Total
																	0
																	0
																	0
																	0
																	0
	0		0		0		0		0		0		0		0		0
Office Supply			HJ		PC/soft		Field		Parking		Gas		Mrkting/meal		Repro		Total

EXPENSE SHEET

Employee Name _____

Date Submitted _____

Period From _____ To _____

1. Each Line Item must have a receipt. Please write the project number on each receipt and paste all receipts with same job numbers on one page. Each job number should have its own and separate receipt page. Please attach all receipt pages to this expense sheet upon submittal.
2. Only items that HIES needs to reimburse you for should be on this list. Do NOT include items you have already been paid for or items charged to HIES credit cards.
3. The form must be completely filled out.

THESE COLUMNS TO BE COMPLETED BY CT & MR.

Line Item Number	Date of Expenditure	Explanation of Expenditure	Amount of Expenditure Linked to Breakdown	Project Number	Date Invoiced	Ac Code Pkg ____ FS ____	QB – Pu Date	QB – Pd Date	Check No.
1		Office Supply	0						
2		Travel	0						
3		Hotel	0						
4		Field	0						
5		Parking	0						
6		Gas	0						
9		Mrketing/meal	0						
11		Repro	0						
12									
TOTAL To be Paid to Employee:			0						

I certify that expenses as stated on this statement are true and correct and in accordance with corporate policy.

Employee Signature _____

Supervisor's Sign: _____