

PDSI Contractor Expense Report



Contract House: PDSI

Week Ending: _____

Employee Name: _____

Company: _____

	Date	Tasks/Work Done/Customer	Mileage	Brkfast	Lunch	Dinner	Hotel	Airfare	Car Rental	Misc.	Totals
M											
T											
W											
TH											
F											
S											
S											
		Totals:									

Employee Signature: _____

Mileage Reimbursement = _____ per/mi

Manager Signature: _____