

# CARIANT EXPENSE REPORT (4/13/03)

EMPLOYEE'S NAME (PRINT)		SUPERVISOR'S NAME (PRINT)		SOCIAL SECURITY NO. - -   -   - - -		PAGE <u> 1 </u> OF <u> 1 </u>	
EMPLOYEE'S ADDRESS (TO SEND CHECK)			CITY		STATE AND ZIP		
<b>DISCIPLINE</b> <input type="checkbox"/> 01 PT <input type="checkbox"/> 02 OT <input type="checkbox"/> <b>03 SLP</b> <input type="checkbox"/> 10 RN <input type="checkbox"/> 11 LPN <input type="checkbox"/> 12 CNA <input type="checkbox"/> <b>99 OH</b>			TAPE RECEIPTS TO 8 ½ x 11 PAPER & STAPLE TO BACK. FILL OUT MILEAGE LOG ON BACK. SUBTOTAL MILEAGE BY DEPT. EMPLOYEE: SIGN AND SEND ORIGINAL TO SUPERVISOR			EXPENSE FOR WEEK ENDING (SATURDAY)	
PERSONAL AUTO USE: I CERTIFY THAT I HAVE AT LEAST THE MINIMUM STATE REQUIRED AUTO INSURANCE ⇌ INITIAL							
<b>(A) MILEAGE EXPENSE BY FACILITY (FROM BACK)</b>				DEPT # (4 DIGITS)	NUMBER OF MILES	ENTER RATE/MILE	732 \$ AMOUNT (MILES * RATE)
<b>TOTAL MILES AND MILEAGE EXPENSE AMOUNT</b>							<b>(A)</b>
<b>DAT E</b>	<b>(B) BUSINESS EXPENSE</b>				ACCOUNT CODE 650, 707, ETC.	DEPT #	\$ AMOUNT
	CONTINUING EDUCATION 650      LICENSE/DUES 661 OFFICE SUPPLIES 707    POSTAGE 709    PHONE 710    REPAIRS 720						
<b>TOTAL BUSINESS EXPENSE AMOUNT</b>						<b>(B)</b>	<b>\$</b>
<b>DAT E</b>	<b>(C) TRAVEL EXPENSE</b>					DEPT #	730 \$ AMOUNT
	BUSINESS PURPOSE:						
	AIRFARE FROM:		TO:				
	HOTEL						
	OTHER						
<b>TOTAL TRAVEL EXPENSE</b>						<b>(C)</b>	<b>\$</b>
<b>(D) BUSINESS MEAL EXPENSE</b>						DEPT # :	
<b>DAT E</b>	EMPLOYEES	OTHERS: NAME/TITLE/COMPANY	BUSINESS PURPOSE	PLACE	TYPE B, L, D	731 \$ AMOUNT	
<b>TOTAL BUSINESS MEAL EXPENSE</b>						<b>(D)</b>	<b>\$</b>
I certify that I have incurred all of the expenses recorded on this report on behalf of the company and that they are directly related to the conduct of Cariant business.							
EMPLOYEE SIGNATURE ☺				DATE			

SUPERVISOR APPROVAL	DATE	AMOUNT DUE EMPLOYEE THRU (D) (A)	
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