TECHNOLOGY RESOURCE CENTER, INC.

WEEKLY EXPENSE REPORT

Emp. ID _____ **Name:** _____ **Billable** **Yes** X **No** _____ **Project Week** **Week Ending (Sun.)** **Job #**

Day	Date	Work Location	Start	End	Mode	Mileage	Amount	Lodging	Meals	Other (Attach Details)			Total
													$ -
					Totals	**0**	**$ -**	**$ -**	**$ -**			**$ -**	**$ -**

Day	Date	Vender	Description	Amount
				$ -

EXPENSE SUMMARY	
Lodging / Meals / Travel	**$ -**
Other Expenses	**$ -**
Due Employee	**$ -**

OTHER DETAILS

Employee Signature _____

Approval: _____