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: _____