

GENERAL EXPENSE REPORT

Name (Individual that expense was incurred for or on behalf of)	Title	Phone Number	E-mail Address	Date Prepared
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Payable To:	Building/Room Number	EXPENSE TO BE CHARGED TO:		
		Contractor	Center	Account
			Project Code	
EMPLOYEE Name: Employee #:	NON-EMPLOYEE/VENDOR Name: Company: Address:			Payment to be sent by: (check one) US Post Office Mail Interoffice Mail Note: SAIC-Frederick employees are paid through Payroll.

Date and Time Departed	Date and Time Returned
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PLEASE ATTACH ALL RECEIPTS								
DATE:	SAT	SUN	MON	TUES	WED	THUR	FRI	TOTALS
Employee Expenses:								
Taxi, Limo, Bus, Metro								
Parking/Tolls								
Telephone								
Registration/Tuition								
Abstract Fee								
Conference Lunch/Dinner								
Other Business Expenses								
Other Business Exp Sales Tax								
Non-Employee Expenses:								
Honorarium								
Allowable Per Diem								
Allowable Hotel (Include tax)								
Rail/Plane								
Taxi, Limo, Bus, Metro								
Car Rental (COA REQUIRED)								
Parking/Tolls								
Other Business Expenses								
Personal Auto Mileage (# miles):								
From:								
To:								
To:								

TOTAL MILES _____ @ _____ /mile	
Detailed Purpose and Justification of Expenses	TOTAL EXPENSES:

I hereby certify that all expenditures were incurred in the performance of company business. Employee/Requester Signature: _____ Date: _____	General Expense Prepared By: _____ Extension: _____ E-mail Address: _____
Department Manager/Director Approval (Fiscal Approval)	Accounting/Finance Approval
Signature: _____ Date: _____ Print Name: _____	Signature: _____ Date: _____ Print Name: _____