

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

EMPLOYEE Name: Employee #:	NON-EMPLOYEE/VENDOR Name: Company: Address:	Payment to be sent by: US Post Office Mail Interoffice Mail (check one) Note: SAIC-Frederick employees are paid through Payroll.
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Date and Time Departed	Date and Time Returned
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PLEASE ATTACH ALL RECEIPTS

	SAT	SUN	MON	TUES	WED	THUR	FRI	TOTALS
DATE:								
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

General Expense Prepared by:

Extension:

Employee/Requestor Signature: _____

Date: _____

E-mail Address: _____

Department Manager/Director Approval (Fiscal Approval)

Accounting/Finance Approval

Signature: _____

Date: _____

Signature: _____

Date: _____

Print Name: _____

Print Name: _____