



Provider Resources Inc.

EXPENSE REPORT COVER SHEET

Employee Name _____

Month Of _____ (From) _____ (To)

Instructions: Collect all of your original receipts. Group into like categories. To assure prompt payment, attach all receipts (per each category) to a separate sheet and accompanied by an explanation of purchase. Staple all sheets to this cover page, enter the amounts, number of pages attached, recheck your math, sign and date the form and submit for approval.

STANDARD OFFICE EXPENSES	Cost \$
Hourly _____ x \$ ____ / hr. =	\$
Mileage (_____ Miles x 25) =	\$
Phone Charges	\$
Postage	\$
Copying	\$
Supplies (Pre-Approval Required)	\$
Tolls	\$
	\$
REIMBURSEMENT	\$
	\$

No. Of Attached Sheets _____

← Attach Time Sheets

← Attach Mileage Log

← Attach Phone Log with Bill

NOTE: SALES TAXES ARE EXCLUDED AS REIMBURSABLE EXPENSES. USE BOTH THE CERTIFICATE OF EXEMPTION AND SALES TAX EXEMPT PURCHASER CERTIFICATE WHEN MAKING PURCHASES.

EXPLANATION OF EXPENSE: (Attach Additional Sheets As Needed)

Employee _____
Signature _____ Date _____

Supervisor _____
Approval _____ Date _____