

# Basic Contractor Expense Report

## Employee Information

**Name:** Fred Smith  
**City:** Arlington  
**Phone (xxx-xxx-xxxx):** 703-555-5309  
**State:** VA  
**Email:** Freds@gmail.com  
**Address:** 123 East Main Street  
**Zip Code:** 22207  
**Purpose of Expenses:** Trip to vendor conference

## Description of Expenses

Description:	Date:	Account:	Category:	Expense Amount: (\$)	Amount Paid By Company Card/ Advance: (\$)	Own Funds Amount: (\$)
Trip to Richmond	11/14/2019	464	Travel	75	0	75.00
Lodging in Richmond	11/14/2019	46496	Lodging	250	0	250.00
Food in Richmond	11/15/2019	46546	Meals	37.25	0	37.25

## Totals

**Subtotal: (\$)**  
362.25  
**Advances: (\$)**  
0.00  
**Total: (\$)**  
362.25

Please be sure to attach all receipts with this expense report. Expenses without a receipt will not be reimbursed.  
**Statement Number:**  
78979  
**Method of Payment:**  
Check

## Contractor Signature

**Date:**  
11/16/2019

**Contractor Signature:**

# Basic Contractor Expense Report

Approver Signature

Date;  
11/16/2019

Approved By:  
