## **WEEKLY EXPENSE ENVELOPE**

NAME	EMPLOYEE N	10	DEPT. NO	
ADDRESS	CITY		STATE	ZIP
FOR PERIOD ENDING				
		ALANTA JUSTA RETA SE		
SETE SETE SETE SETE	BARRE PREFERENCE AND SE TO SE	ATHER RUMBER AND STREET STREET	STORY CASINE MILETER	TOTALS
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TOTALE				
TOTALS ENTERTAINMENT EXPENSE	TOTAL MILES DRIVEN	ACCOUNTING USE ON		
	ENDING ODOMETER	AGGUUN TING USE UN  APPROVED DATE CHECK OR  BY PAID VOUCHER NO	O. PAID	CE ,
*(SHOW DETAIL ON REVERSE)	STARTING ODOMETER TOTAL MILES		TOTAL AMOUNT DU	JE
FORM 1242	@ PER MILE			

## ENCLOSED ARE RECEIPTS FOR:

MEALS ENTERTAINMENT
HOTEL/MOTEL TRANSPORTATION

PHONE GAS/OIL

AND ANY OTHER RECEIPTS TO VERIFY EXPENSES

DATE	NAME OF PERSONS ENTERTAINED	COMPANY	PLACE OF ENTERTAINM	ENT	BUSINESS PURPO	DSE	AMOUNT
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