NAME..... SIGNATURE..... CLIENT AUTHORISATION..... SERVICES

MONTH YEAR20

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PH: 0498 757 292

EXPENSES REPORT

DUE ON OR BEFORE LAST DAY OF THE MONTH											EMAIL: admin@euroex.com.au			
Date	Details	Meals	Accom	Travel (taxi, bus, plane)	Fuel & Oil	vehicle exps	Field Con- sumables	Other	Details	Total Expense	Client and P	roject		
TOTALS \$ \$ \$ \$ \$							\$	Office Use Only						
LESS: CASH ADVANCES/BALANCE BROUGHT FORWARD ETC										\$	Method	Date	Trans#	
AMOUNT OWED TO EURO - RETURNED / CARRIED FORWARD / DEDUCTED FROM WAGES (please circle method)										\$				
AMOUNT OWED BY EURO (PAID TO EMPLOYEE ELECTRONICLY)										\$				

PLEASE ENSURE THAT ALL SUPPORTING DOCUMENTS ARE ATTACHED