NAME.....SIGNATURE......

MONTH YE	EAR2	20
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Page......of.....

PH: 08 8363 1414

FAX: 08 8363 1654

EMAIL: admin@euroex.com.au

CLIENT AUTHORISATION..... DUE ON OR REFORE LAST DAY OF THE MONTH

Date	Details	Meals	Accom	Travel (taxi, bus, plane)		Other vehicle exps	Field Con- sumables	Other	Details	Total Expense	Client and P	roject	
TOTAL	OTALS \$ \$ \$ \$ \$					\$	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)									\$				

SERVICES

PLEASE ENSURE THAT ALL SUPPORTING DOCUMENTS ARE ATTACHED