

Amount:

## **Corporate Expense Form**

Expense Type:	: Corporate						
Employee Name	2:				Job Number:		
Project Manager	r:			-	Job Description:		
<ol> <li>All expen</li> <li>Material</li> </ol>	rate form for Change Orde ised meals must include na costs must have descriptio costs. PM will allocate all i	me of attend on of cost are	dees in the Description col a noted on receipt. Omit		de for all Material		(Office Use Only)
Date	Cost Code (see below)	Subjob	Description			Amount	Category/GL Number
Commonly U	Ised Cost Codes				Total:		
01.31.13.12 01.31.13.13	PM-Subsistence PM-Travel Costs	08.11.13.1 08.17.23.1					
01.31.33.12 01.31.33.13	Super-Subsistence Super-Travel Costs	09.51.23.1 09.91.13.1	10 Acoustical Ceilings			Notes	
01.31.43.12 01.31.43.13	Field -Subsistence Field- Travel Costs	09.91.23.7 10.26.10.1	72 Painting Walls & Ceili	Painting Walls & Ceilings			
01.52.13.15	Project Supplies	65.42.10.1					
01.52.13.55 01.52.13.50	Project Small Tools Project Consumables						
01.56.16.10 01.56.23.10	Temp. Dust Barriers Temp. Barricades						
01.50.25.10	.emp. builleducs						
			Office Us	se Only			
Check Date:					Check #:		

Approval Name: