

Hart Mechanical, Inc.

P.O. Box 803
 Glastonbury, CT 06033
 860 633-3533 fax 860 633-3375

Expense Statement

Employee

Name: _____
 Region: _____

Expense Period
 From _____
 To _____

Date	Description	Account #	Project #	Bdlg #	Cost Code	Hotel	Food	Tolls/Fuel	Other	Total
										-
										-
										-
										-
										-
										-
										-
										-
										-
										-
										-
										-
										-
										-
										-
										-
										-
										-
										-
										-
Total						-	-	-	-	-

Reason for Expense _____

 Managers Signature

Payment Type
 Company Credit Card
 AMEX
 MC
 Employee Payment
 Reimbursement

Office Use Only
 Date in System _____
 Due Date _____

Attach All Backup receipts and Purchase Orders.