

IT CONSULTANT

Monthly Expense Sheet

PERIOD / MONTH _____

CONSULTANT NAME _____

CLIENT / PROJECT _____

CONSULTANT ID / EMPLOYEE NO. _____

DEPARTMENT / COST CENTER _____

DATE	CATEGORY	DESCRIPTION / BUSINESS PURPOSE	RECEIPT #	AMOUNT
		▼		
		▼		
		▼		
		▼		
		▼		
		▼		
		▼		
		▼		
		▼		

Subtotal

Tax / VAT

**Total
Reimbursement**

CONSULTANT SIGNATURE DATE

AUTHORIZED APPROVER SIGNATURE DATE