# *Monthly Expense Report*

COMPANY NAME: _____

DRIVER NAME: _____

MONTH/YEAR: _____

| DATE | UNIT # | DESCRIPTION | AMOUNT | GST | TOTAL |
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**TOTAL AMOUNT** (incl. gst) $ _____

All original receipts MUST be attached in order to be reimbursed. Please use Werkman Accounts for all supplies as much as possible before using an outside location.