HEI Expense Reimbursement Request

Name:		
Date		HUXTABLE ELECTRIC
Job# Supervisor		
Signature:		
	Conjes of receipts must be attached	

Date	Description of Expense	Amount	Job#	Office Use G/L#
I	Total Expenses	\$0.00		L

Remarks:

Per Diem

A copy of the receipts for expenses listed above must be submitted with this report. \$15.00 per day is paid for each day worked at a location away from your assigned job. List the number of days on a line above.

HEI Fax # 843-225-1458