



111 Presidential Boulevard
 Suite 208
 Bala Cynwyd, PA 19004
 TEL: 610-527-8101
 FAX: 610-527-6859

**TIME AND EXPENSE REPORT
 CONSULTANT**

NAME (LAST)	(FIRST)	(M.I.)
CONSULTANT ID	WORK PHONE (AREA CODE, NO., EXT.)	

FOR WEEK ENDING SUNDAY

ALLOCATION OF HOURS		MON	TUE	WED	THUR	FRI	SAT	SUN	TOTAL HOURS	
	REG	0	0	0	0	0			0	
	O/T									0
	REG								0	
	O/T									0
SICK									0	
PERSONAL									0	
VACATION									0	
HOLIDAY									0	
UNASSIGNED									0	
OTHER (EXPLAIN)									0	
TOTAL REGULAR HOURS		0	0	0	0	0	0	0	0	0
TOTAL OVERTIME HOURS		0	0	0	0	0	0	0	0	0

0

E X P E N S E S

PERSONAL AUTO USE	TOTAL MILEAGE								TOTALS BY TYPE
	LESS PERSONAL USE								
	NET BUSINESS MILEAGE								
	MILEAGE @ ___ PER MILE								
OTHER TRANSPORTATION EXPENSES*	1 Billable miles								
	2								
	3								
	4								
	5								0.00
LODGING*	6								
	7								0
MEAL EXPENSES* (OVER)	8								
	9								
	10								
MISCELLANEOUS (SPECIFY)*	11								
	12								0
DAILY TOTAL EXPENSES									
TOTAL FOR WEEK									0.00
LESS ADVANCE									0
TOTAL DUE EMPLOYEE									0.00

*Receipts must be attached for all expenses.
 All expenses must have the prior approval of your SSG Manager

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CONSULTANT SIGNATURE

CLIENT MANAGER APPROVAL

SSG APPROVAL ACCOUNTING