## EMPLOYEE EXPENSE VOUCHER AND CHECK REQUEST

Employee:	Street Address:	
Department:	City, State, Zip:	
Month Ending:	Phone #:	1 of 1

Completion and submission instructions: All data fields must be completed to the extent applicable and available.

Business purpose and attendency must be complete - If more space is required, attach additional sheets.

All receipts must be originals. All supporting documents should be in the order of the line demization.

Expense claims not properly completed will be returned.

Addition Search, LLC. 222 S. Riverside Pieza; Suite 1710 Chicago, IL 60008

> \$0.00 \$0.0 Sub-Total From Previous Sheet

DAIL	BUSINESS FURFUSE ATTENDEES		EXPENSE CATEGORIES			IOIAL				
			MEALS CUSTOMER ENTERTAINMENT 6900.01	ря 61	EAGE @ 0.55 or Mile 813.01	PARKING/TAXI AIRFARE LODGING 681 0.01	CELL PHONE 6783.01	CAR 6813.01	OFFICE SUPPLIES 6790.01	
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- 18	Employee Signature/Date:	Supervisor Signature/Date:
- 1		· -
- Is	Printed Name:	Printed Name:

\$0.00