Expense Statement

Gaston HEMATOLOGY & ONCOLOGY

Name: _____

Pay Period
From: _____
To: _____

Date	Detailed Description	Mileage Qty	5962 Mileage X 0.505	529x 5961 Meals	528x 7710 Practice Develop	523x 5960 Meetings & Travel	5940 Prof Education	Other	Total
	Sub-Totals								
								Total	

The above information is true to the best of my knowledge.

Approved By: _____

Employee Signature _____

Notes: Current mileage reimbursement rate is $.505 per mile

Date _____