

**SERVICE SPECIALIST TIME & EXPENSE REPORT**

**HOURS / CLIENTS:**

DATE	TIME		ODOMETER		TOTALS		# Units Serviced	# Refills	Other Service	Major Client / City
	Start	End	Start	End	HOURS	MILES				
Thursday										
Friday										
Sat/Sun										
Monday										
Tuesday										
Wednesday										

**x .555**

**TOTALS:**

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**EXPENSES:**

Meals    Lodging \*    Air Fare \*    Auto Rental \*    Cell/Pager    Park/Tolls    Gas    Transp.    Auto Repair \*    Other

Thursday											
Friday											
Sat/Sun											
Monday											
Tuesday											
Wednesday											

\* Prior Approval Required!

**TOTALS:**

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<b>For Office Use Only:</b>	
Hours Approved:	_____
Mileage Approved:	_____
Expenses Approved:	_____

Employee Signature: \_\_\_\_\_

Validated by: \_\_\_\_\_

Approval: \_\_\_\_\_

Payroll Period: \_\_\_\_\_