GRIFFIN CONTRACTING, INC.

# EXPENSE REPORT

For Office Use Only

Employee: _____ DATE: _____

| Date | Store/ Vendor | Description | Job / Equipment | Qty | Price | Sub Total | Misc. | Total |
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| Total | | | | | | | | |

SUBTOTAL

ADVANCES

TOTAL

**APPROVED:** _____

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**NOTES:** _____

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