KRAWFORD CONSTRUCTION (2011) INC.

EXPENSE FORM

EMPLOYEE NAME: _____

DATE: _____

SIGNATURE: _____

DATE	MEALS & ENTERTAINMENT	JOB & PHASE	AMOUNT
		Sub-total	
Other Expenses (Itemized)			
	FOR OFFICE USE ONLY	Sub-Total	
		Less Advances	
		TOTAL	

APPROVED BY: _____