Dietitian Consulting Services, LLC Fax 206 232-8741 **Dietitian Expense Report**

Name:

Month:

Date	Auto (Gas/Oil)	Parking Mileage* Hotel/Travel	Office Supplies Miscellaneous	Telephone Calling Cards	Telephone Pagers/Cell	Continuing Education	Postage	Entertainment Meals	Explanation
Totals									

Grand Total

Send report with appropriate receipts to office by the 5th of each month. *Time Sheet must be submitted for mileage reimbursement