



EXPENSE Summary

Name: _____	PetroCan: _____	Shell: _____
Month: _____	Esso: _____	Co-op: _____
Project #: _____	M/C: _____	Other: _____

Each receipt must show: **DATE • NAME OF VENDOR • LOCATION • AMOUNT OF PURCHASE**
Credit card till receipts with no detail are not acceptable as they are non verifiable to actual purchase.
*These will be expensed back to you as personal purchases, company cards shall **NOT** be used for personal use.*

DATE	VENDOR	DESCRIPTION OF PURCHASE	UNIT #	\$ AMOUNT
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

Reviewed By: _____