Expense Reimbursement

Employee
Name:_____

For the Period of :_____ thru_____

## Samson Electric Inc

( ) - 3125 N VanHorn Road Fairbanks, Alaska 99701

( )- 129 West Potter Drive Anchorage, Alaska 99701

## EXPENSES

| DATE | JOB # | CODE | NAME/LOCATION | HOTEL | TRANSP | FUEL | MEALS | PHONE | ENTERTN | OTHER | TOTALS |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | $ - |
| | | | | | | | | | | | $ - |
| | | | | | | | | | | | $ - |
| | | | | | | | | | | | $ - |
| | | | | | | | | | | | $ - |
| | | | | | | | | | | | $ - |
| | | | | | | | | | | | $ - |
| | | | | | | | | | | | $ - |
| | | | | | | | | | | | $ - |
| | | | | | | | | | | | $ - |
| | | | | | | | | | | | $ - |
| | | | | | | | | | | | $ - |
| | | | | | | | | | | | $ - |

**(Attach original receipts to back)**

I hereby certify that the expenses listed above were incurred for the express purpose of conducting business for Samson Electric Inc. Reimbursement of the listed expenses shall be full and due compensation and release Samson Electric from any additional financial responsibilities related to the expenses such as interest and/or penalties on any unpaid credit card or account balances I may owe.

**Grand Total** $ -

_____ _____

Employee Signature Date Signed

**Paid Chk #** _____

**Date** _____

SEIHRPRE0803REV0