Albin Engineering
Innovative Technology Services

AESI Travel Expense Report

Name (Printed)
(Individual who is being reimbursed, or who incurred costs)

Date Report Submitted

Note: Original receipts must be submitted with this Expense Report; please submit to AESI with one copy of all and make one for your records.

Consultant Signature
By signing, I hereby state the information listed below is correct.

Purpose for expense; i.e. where traveled and purpose of travel

			TFAR AMOUNT	
Expense Item	Date incurred	Receipt Amount	Amount Personal	Reimburse Amount
			Expense Report Total	
			Less Cash Advance (TFAR)	
			Amount AESI owes you or Amount you owe AESI (Circle One)	

AESI Authorizing Signature
(Must be signed by AESI)

Invoice number (Filled in by AESI)

Client Name
(If applicable: Client's Name that costs will be billed to directly; to client this will serve as an Invoice)

TFAR Receipt Number (Filled in by AESI)

Client Authorizing Name (Printed)

Client Authorizing Signature
By signing, I am authorizing the reimbursement of the above costs.

Client:
Please submit payment to Albin Engineering Services, Inc.
3350 Scott Boulevard, Suite 27, Santa Clara, CA 95054-3105
Fax: 408.739.2374 Phone: 408.733.2374