Consultant Name:



DATE	NATURE OF EXPENSE/ JUSTIFICATION	TOTAL (Inc. TVA/VAT)	VAT / TVA	Travel	Ent't'ment	Supplies	Misc/Hotel
SUNDAY							
MONDAY							
TUESDAY							
WEDNESDAY							
THURSDAY							
FRIDAY							
SATURDAY							
	TOTAL						
Consultant Signature: Date:		Client Signature: Date: Date: Position:					