ZALOUMIS CONTRACTING SERVICE, INC

Expense Reimbursement Form

| Employee's First and Last Name: | | Location: | Date: |
|---------------------------------|----------------------------|-----------|-----------------|
| | | | |
| Date | Description (please be spe | ecific) | Total \$ Amount |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| Sub-Total | | | \$ |
| Less Cash Advanced | | | \$ |
| Total Owed to you | | | \$ |
| | | | |
| | | | |
| Employee Signature Date | | | |
| | | | |
| Approved | by | Date | |

All receipts must be attached to expense form for reimbursement.