MIDWEST MERCHANDISING SERVICES

2004 NW South Outer Road
Blue Springs, MO 64015
Phone 888-349-4085
Fax 888-349-4086

PRINT NAME: _____
PRINT ADDRESS: _____
PRINT EMAIL: _____

APPROVED EXPENSE SHEET

Date	Retail Location	Client	Expense	Amount	Approved by	Date Approved	Approval Code
				$			
				$			
				$			
				$			
				$			
				$			
				$			
				$			
				$			
				$			
				$			
				$			
				$			
				$			
				$			

When you complete each service call, record it promptly on your time sheet, call report, and expense sheet (if required) ensuring the information is **COMPLETE and ACCURATE**. All expenses on the expense sheet MUST be approved by Midwest Merchandising Services to ensure that they will be paid. You will NOT be paid for expenses not approved with authorization code and not recorded on your expense sheet that are not noted on your call reports. Also you will NOT be paid for expense hours noted on your call reports that are not on an approved expense sheet with an authorization code. We need your expense report by the **8:00 am on the 27th of the month** in order for accounting to process your pay by the **25th** of the month. **PUT YOUR NAME ON THIS EXPENSE SHEET!**
This sheet **DOES NOT** replace any vendor forms you are to complete and fax to us as soon as jobs are completed (i.e. Service Call Reports, Shift Confirmation Reports, etc.). Expenses are not recurring, and must be approved each month.

TOTAL APPROVED EXPENSES: $_____