



El Segundo, Ca 90245

egundo, Ca 90245 8) 671-5678 Fax (888) 671-6616									
	Employee Name:							Pay P	
ompany:								W/E:	
					_				
Date	Comments	Miles	Mileage \$	From	То	Parking \$	Other \$	Total	
ub Total								\$0.0	
			Notes —						
			The mileage	e rate is agreed @\$.p	ner mile		0		
			cuge						
			<i>/</i>				0		

Client Signature:

I AM AN APPROVED SUPERVISOR OF MY COMPANY, AND BY SIGNING ABOVE I AM AGREEING TO BE BILLED BY OUTSOURCE, LLC FOR THE ABOVE EXPENSES.