

**CONTRA COSTA WATER DISTRICT
BUSINESS EXPENSE REPORT**

Department: _____

Name: _____

Position: _____

DATE	LOCATION	PURPOSE (Names/Titles of any individuals for whom costs were incurred and justification for expense.)	AMOUNT
TOTAL			\$0.00

Account No.: _____

Account No.: _____

Account No.: _____

Account No.: _____

Employee Signature

Date

Approved by: _____

Date