



You Must List Name of Salesperson You Are Training.

Your Name _____

Date _____

1st Round Training
Salesperson _____

Retraining
Salesperson _____

Date		Sun	Mon	Tue	Wed	Thu	Fri	Sat	Cash Spent	Company Charges	Total
TRANSPORTATION	Mileage	Miles									
		Amount									
	Airfare										
	Car Rental										
	Local Transportation										
	Tolls/Parking										
	Car Expense										
	Gas										
LIVING	Hotel										
	Telephone										
MEALS	Breakfast										
	Lunch										
	Dinner										
MISC	Office Supplies										
	Postage										
	Other*										
Totals											

* Give a detailed description of expenses in the table provided.

Less Cash Advance _____

Less Company Paid _____

Due Company _____

Due Employee _____

EXPLANATION OF ENTERTAINMENT EXPENSES				
DATE	DESCRIPTION	PERSONS ENTERTAINED	VENDOR	AMOUNT

EXPLANATION OF OTHER EXPENSES		
DATE	DESCRIPTION	AMOUNT

I certify that the above information is complete and true and in compliance with company policy.	
Employee Signature _____	Date _____
Approved By _____	Date _____

PLEASE MAIL TO: **Armchem International**
Atten: Barbara Brahms
3563 NW 53rd CT., Ft. Lauderdale, FL 33309

PLEASE INCLUDE ALL RECEIPTS