

**COUNTY OF SUFFOLK
 COUNSULTANT'S EXPENSE SUMMARY
 DEPARTMENT OF AUDIT & CONTROL - FORM A&C 109**

CONSULTANT'S NAME _____ PERIOD BEGINNING _____ PERIOD ENDING _____

Expenditure Items	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	AMOUNT DUE
	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
Air, Rail or Bus Transportation																	
Auto Rental or Mileage (Attach Schedule)																	
Tolls and Parking Fees																	
Taxi or Limousine (Attach Schedule)																	
Meal/Tips																	
Lodging/Tips																	
Telephone and Telegraph																	
Materials or Supplies																	
Equipment																	
Other Supporting Services (Attach Schedule)																	
<p>All expenditures should be covered by receipted bills and/or valid explanation. Necessary purchases of materials, supplies, equipment or services should be supported by summaries showing vendor, description, unit cost and purpose.</p>																	\$

TOTAL REIMBURSABLE CONSULTANT TIME:

AUTHORIZED SIGNATURE _____