

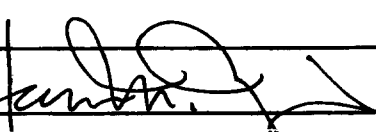
SWANKE HAYDEN CONNELL ARCHITECTS

Expense Report

Employee Name JUAN M. MEJIA	Client OEM / DCAS
Employee No. PII	Reimbursable Job No. / Non-Reimbursable Job No. 5576AR
Trip Location 7 WTC 1st/23rd FLS.	Trip Dates (from/to) 5/12, 5/13
Purpose of Trip P.A. INSPECTION / MTG.	

Expenses	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Item Totals
Transportation (Charged to Firm)								
Transportation (Out of Pocket)			3.00	3.00				6.00
Car Fare								
Auto Mileage (@ .25/mile)								
Meals								
Hotel								
Entertainment								
Other Expenses								
Daily Totals			3.00	3.00				6.00

					Weekly Total	
Type of Entertainment (itemized)	Place	Persons Entertained	Business Purpose	Date	Amount	
Other Expenses (itemized)				Date		

Note:	Accounting Use Only	Weekly Total
One report per client, per week, and for non-reimbursable expenses.	Account	6.00
Receipts must be attached for all expenses.	Vendor Code	Less Advance
		—
		Balance Due Firm
		—
		Balance Due Employee
		6.00
Signature 	Date 5/17/99	Approval 