SWANKE HAYDEN CONNELL ARCHITECTS

PAID

Expense Report

Employee Name: JUAN M. MEJIÀ

Client: SILVERSTEIN'S PROPERTIES

Employee No.: 4546

Reimburseable Job No.: 5576AR

Non-Reimburseable Job No.:

Trip Location: 7 WTC, 1 CENTRE ST.

Trip Dates (from/to): TU 11/3, W 11/4, TH 11/5, F 11/6, 11/10, 11/17, 11/19, 11/24

Purpose of Trip: MTG / SITE VISIT

Expenses	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday		Item Totals
Transportation (Charged to Firm)									
Transportation (Out of Pocket)		12.00	3.00	6.00	3.00				24.00
Car Fare									
Auto Mileage (@ .25/mile)									
Meals									
Hotel									
Entertainment									
Other Expenses									
Daily Totals		12.00	3.00	6.00	3.00				24.00
								Weekly Total	

Type of Entertainment (itemized)	Place	Persons Entertained	Business Purpose	Date	Amount

Other Expenses (itemized)	Date	

Note:

One report per client, per week, and for non-reimburseable expenses.

Receipts must be attached for all expenses.

Accounting Use Only

Account

Vendor Code

[redacted]

Weekly Total: 24.00

Less Advance: —

Balance Due Firm: —

Balance Due Employee: 24.00

Signature: [signature]

Date: 11/30/98

Approval: [signature]

SWANKE HAYDEN CONNELL ARCHITECTS

PAID

Expense Report

Employee Name JUAN M. MEJIA
Client SILVERSTEINS PROPERTIES / OEM.

Employee No. 4546
Reimbursable Job No. 5576AR
Non-Reimbursable Job No.

Trip Location 7 WORLD TRADE CENTER
Trip Dates (from/to) 12/1, 12/3, 12/8, 12/9, 12/15, 12/17, 12/22, 12/ 12/28, 12/29

Purpose of Trip SITE MTG

Expenses	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday		Item Totals
Transportation (Charged to Firm)									
Transportation (Out of Pocket)	3.00	15.00	3.00	9.00					30.00
Car Fare									
Auto Mileage (@ .25/mile)									
Meals									
Hotel									
Entertainment									
Other Expenses									
Daily Totals	3.00	15.00	3.00	9.00					30.00
								Weekly Total	

Type of Entertainment (itemized)	Place	Persons Entertained	Business Purpose	Date	Amount

Other Expenses (itemized)	Date	

Note:

One report per client, per week, and for non-reimbursable expenses.
Receipts must be attached for all expenses.

Accounting Use Only

Account

Vendor Code

[redacted]

Weekly Total	30.00
Less Advance	—
Balance Due Firm	—
Balance Due Employee	30.00

Signature

Date 1/4/98

Approval