

Coastal Transport Co., Inc.

Weekly Cash Disbursements

Name: _____ Term _____ Title _____
 Please Print Please Print Please Print

<u>Date</u>	<u>Purchase from / Reimbursed to</u>	<u>Amount</u>	<u>Office Use Only</u>

Entertainment Expense

<u>Date</u>	<u>Business Name</u>	<u>Person Entertained</u>	<u>Place of Expense</u>	<u>Amount</u>	<u>Office Use Only</u>

Grand Total \$ _____

Signature of payee

Terminal Managers Approval

Make in Duplicate - Send original to San Antonio Office - Keep A Copy