

**United Laboratories, Inc.  
Sales Representative Expense Summary**

Rep Number \_\_\_\_\_

Name \_\_\_\_\_ Period End \_\_\_\_\_

Travel -- Airfare	Total	
Mileage Log	mi.	
Auto -- Tolls	Total	
Auto -- Parking	Total	
Lodging	Hotel	
	Other	
Meals	Total	
Entertainment	Total	
Other		
	<b>Subtotal</b>	

multiply miles x \$.525

<b>Other</b>	Cell Phone	
	Internet	
	Business Subscriptions	
	Dues/Fees	
	Trade Show	
	Other*	
	<b>Subtotal</b>	

\*Must be a qualified, approved and documented business expense.

<b>United Charges</b>	<b>Subtotal**</b>	
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\*\* Write in total and attach a copy of "Charges" page from your Commission Statement.

**Total**

ATTESTATION: The undersigned has read and agrees to the provisions of the Compensation Plan and certifies that these expenses were incurred while performing services for United Laboratories, have not been previously reimbursed and comply with the Compensation Plan, Sales Policies and Employee Manual of the Company and all laws and regulations.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Email completed form and documentation to: [salesexpense@unitedlabsinc.com](mailto:salesexpense@unitedlabsinc.com)