

**NEBULA**  
**RESEARCH & DEVELOPMENT**

<http://Nebula-RnD.com>

USA 949-380-1668

Fax Cover Sheet

*This simple cover sheet created only for Print Wizard demos.*

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To: Yura Recipient  
Fax #: 999/123-4567  
Date: 12/02/08 00:23:47  
From: Ima Sender  
Subject: Testing PrintWizard

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Message:

✧This is some important info for you

# Travel Expenses

Name	A. Jones		Employee ID	12345		
E-mail	aj@corp.com		Department	Sales		
Purpose	Meet with client		Approved by	Margie Boss		
Trip hours	Dates	Hours	How spent			
3.0	3/MAR-6/MAR					
2.5	10/MAR					
Expenses	Dates	Details			Amount	
Transportation		<input type="checkbox"/> Air	<input type="checkbox"/> Taxi	<input type="checkbox"/> Rental car	<input type="checkbox"/> Other	
		<input type="checkbox"/> Air	<input type="checkbox"/> Taxi	<input type="checkbox"/> Rental car	<input type="checkbox"/> Other	
		<input type="checkbox"/> Air	<input type="checkbox"/> Taxi	<input type="checkbox"/> Rental car	<input type="checkbox"/> Other	
		<input type="checkbox"/> Air	<input type="checkbox"/> Taxi	<input type="checkbox"/> Rental car	<input type="checkbox"/> Other	
Own car		Mileage				
Lodging		Location				
		Location				
		Location				
		Location				
Meals		(Not to exceed \$50/day)				
		(Not to exceed \$50/day)				
		(Not to exceed \$50/day)				
		(Not to exceed \$50/day)				
Conference fees		Purpose				
		Purpose				
Other		Purpose				
		Purpose				
		Purpose				
		Purpose				
<b>Subtotal</b>						
Less amount paid by company					\$( )	
Total amount owing to employee					\$ . .	
Signature				Date		

Please attach receipts for all listed expenses, sign the form and send to the Accounting Department.

# Travel Expenses

Name	B. Smith	Employee ID	45678
E-mail	bs@corp.com	Department	Marketing
Purpose	Payoff vendor	Approved by	I. Shmooz
Trip hours	Dates	Hours	How spent
3.0	3/MAR-6/MAR		
2.5	10/MAR		
Expenses	Dates	Details	Amount
Transportation		<input type="checkbox"/> Air <input type="checkbox"/> Taxi <input type="checkbox"/> Rental car <input type="checkbox"/> Other	
		<input type="checkbox"/> Air <input type="checkbox"/> Taxi <input type="checkbox"/> Rental car <input type="checkbox"/> Other	
		<input type="checkbox"/> Air <input type="checkbox"/> Taxi <input type="checkbox"/> Rental car <input type="checkbox"/> Other	
		<input type="checkbox"/> Air <input type="checkbox"/> Taxi <input type="checkbox"/> Rental car <input type="checkbox"/> Other	
Own car		Mileage	
Lodging		Location	
		Location	
		Location	
		Location	
Meals		(Not to exceed \$50/day)	
		(Not to exceed \$50/day)	
		(Not to exceed \$50/day)	
		(Not to exceed \$50/day)	
Conference fees		Purpose	
		Purpose	
Other		Purpose	
		Purpose	
		Purpose	
		Purpose	
<b>Subtotal</b>			
Less amount paid by company			\$( )
<b>Total amount owing to employee</b>			\$ . .
Signature			Date

Please attach receipts for all listed expenses, sign the form and send to the Accounting Department.