

EXPENSE REPORT

NAME (PRINT)							DATE				
PURPOSE OF EXPENSE											
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	TOTAL			
Date											
To:											
From:											
Miles Driven											
Mileage amount											
Airfare											
Car Rental											
Prkg, Taxi, Tolls											
Lodging											
Telephone											
Breakfast											
Lunch											
Dinner											
*Other											
TOTAL											
* Other (Please describe)						TOTAL PAID BY COMPANY					
						TOTAL PAID BY EMPLOYEE					
						MINUS ADVANCE		Enter adv. amt. If any below			
						TOTAL DUE TO EMPLOYEE					
						TOTAL DUE COMPANY					
EMPLOYEE SIGNATURE			DATE			AUTHORIZED BY (Managers Signature)			DATE		
PRINT NAME											

ALL APPLICABLE RECEIPTS MUST ACCOMPANY EXPENSE REPORT

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