

Expense Report

Name (print) _____ Dept. _____ Filing Date _____ Period: From _____ To _____

Reason for trip: _____

Date																		Week Total
what City / State																		
Auto Mileage																		
Reimbursable Mileage @ ____ / Mile																		
Gasoline																		
Tolls / Parking																		
Car Rental																		
Taxi																		
Air Travel / Tickets																		
Hotel																		
Breakfasts																		
Lunches																		
Dinners																		
Entertainment																		
Phone, FAX																		
Postage																		
Office supplies																		
Computer supplies																		
Daily Totals																		

Total Personal Business Expense

Prepaid expenses

Cash Advance

Total Due: You () Company ()

Itemization for entertaining others

Date	Name, Title, firm	Amount

Expenses Charged to Company

Air / Travel

Other		
Total Charges to Co.		

Employee's signature _____ Date _____

Supervisor's signature _____ Date _____

Manager's signature _____ Date _____

Accounting approval _____ Date _____