EXPENSE REPORT

EMPLOYEE _____ # _____ DATE _____

ADDRESS _____

CITY _____ **REPORTING PERIOD:**

STATE _____ ZIP _____ FROM _____

DEPARTMENT _____ TO _____

BRANCH / REGION / ZONE _____ TRAVEL AUTHORIZED BY _____

TRAVEL MILEAGE FROM CITY TO CITY	**MONDAY**	**TUESDAY**	**WEDNESDAY**	**THURSDAY**	**FRIDAY**	**SATURDAY**	**SUNDAY**
From To							
From To							
From To							
From To							
From To							
From To							
From To							
From To							
From To							
From To							
Total Travel Mileage							
Mileage at _____ ¢/mile							
Gas / Oil / Lube							
Parking and Tolls							
Auto Rental							
Local Travel - Cab / Limo							
Air / Rail / Bus							
Hotel							
Breakfast							
Lunch							
Dinner							
Laundry							
Phone / Fax							
Tips							
Misc.:							
Total Expenses / Day							

SUMMARY OF ENTERTAINMENT CHARGES

DATE	**ITEM**	**PERSON / TITLE ENTERTAINED**	**REASON ENTERTAINED**	**TOTAL # IN PARTY**	**RECEIPT ATTACHED**	**AMOUNT**

Purpose of Trip

Signature / Title

Date

Appoval Signature / Title

Date

TEMPLATETROVE.COM

EXPENSE REPORT SUMMARY

Total Expenses

Less Cash Advance

Less Charges to Company

Balance ☐ Company ☐ Employee

Check Issued: Date #