

Expense Report

Date _____

Employee Name		For Week Ending	
Address		Purpose of Trip	
City	State	ZIP	Approved By
		Approved By	
Total Expenses	Less Cash Advances	Less Charges	Payment Due

Detail of Daily Expenses

Item	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Mileage x (\$0.____/Mi)							
Gas, Oil, Lube							
Parking, Tolls							
Auto Rental							
Taxi, Bus, Limo							
Air, Railway							
Hotel							
Breakfast							
Lunch							
Dinner							
Laundry							
Phone							
Misc. Tips							
Entertainment							
Total Daily Expenditure							

Summary of Entertainment Expenses

Date	Item	Who	Reason	# In Party	Receipt Received	Amount

