

EXPENSE REPORT

Week Ending: _____

Employee Name: _____

Date: _____

Approved By: _____

Date: _____

Purpose of Visit: _____

Departure Place: _____ Destination Place: _____

Client/Customer: _____

Day	Date	Description	Y-N						Total
		Airfare Paid By							
		Rail							
		Auto Rental							
		Taxi, Bus, Subway							
		Business Mileage							
		Parking & Tolls							
		Lodging							
		Meals - Breakfast							
		- Lunch							
		- Dinner							
		Telephone							
		Entertainment							
		Other Expense							
		Daily Total							

Total Reimbursable

Comments:

Detail of Business Mileage

Date	From	To	No. of Miles	Amount at \$ per mile	Parking / Tolls	Total Reimbursable
TOTAL						

Detail of Entertainment Expenses

Date	Name	Title	Type of Entertainment	Business Relations and Purpose	Total Reimbursable
TOTAL					

Detail of Other Expenses

Date	Description	Total Reimbursable
TOTAL		