Expense Report

Employee Name	
Purpose	
Employee Signature	







MANAGER APPROVAL:

AUTHORIZED BY:

DATE

DATE

									xpense reports within	
Date	Starting Location	Destination	Description/Notes	Air & Transportation	Lodging	Meals & Tips	Tolls/Parking/ Other	Mileage	Total Mileage Reimbursement	Total Reimbursement
							5		\$0.00	\$0.00
									\$0.00	\$0.00
									\$0.00	\$0.00
									\$0.00	\$0.00
									\$0.00	\$0.00
									\$0.00	\$0.00
									\$0.00	\$0.00
									\$0.00	\$0.00
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									\$0.00	\$0.00
									\$0.00	
									\$0.00	\$0.00
									\$0.00	\$0.00
									\$0.00	\$0.00
				\$0.00	\$0.00	\$0.00	\$0.00	(7	\$0.00
All expense re	eports are subject to audit.					_			Advances Total Remainder	\$0.00 \$0.00
Itemized Expen	nses or Description for "Other"								* Don't forget to a	
Date	Description	Amount		For Office Use	Only					
				Rate Per Mile	\$0.670	-				
						╡				
				For Period	From 1/0/00 to 1/0/00					

Total Mileage

Total Remainder

Advances

\$0.00

\$0.00 \$0.00

\$0.00

Mileage Reimbursement

Total Reimbursement

\$0.00