

EXPENSE REPORT

CONTROL NO.

10001

NAME: _____ PURPOSE: _____ DEPT: _____ TRIP DATE: _____

		Sun	Mon	Tue	Wed	Thu	Fri	Sat	Total
Description/Date									
Transportation*									
Auto (gas, tolls, parking, etc.)									
Lodging									
Meals	Breakfast								
	Lunch								
	Dinner								
Entertainment									
Miscellaneous									
Mileage	Miles								
	Rate								
	Total \$								
NOTES:								Subtotal	
								Less: Advances	
								Total	

* Includes airfare, rail, taxi, limo, bus, car rental, etc.

MISCELLANEOUS ACCOUNT DISTRIBUTION		
G/L Account	Description	Amount
	Total	

SIGNATURE/APPROVAL	
Employee: _____	Date: _____
Manager: _____	Date: _____