EXPENSE REPORT

Employee Name: _____

Week Ending: _____

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Totals for Week
Date:								
City:								
Breakfast								
Lunch								
Dinner								
Lodging								
Tips								
Telephone								
Parking								
Transportation								
Local Taxi, Bus, Tolls								
Entertainment								
Mileage @ $0.505/mile								
Auto Expense (not including mileage)								
Miscellaneous Expenses								
Totals								

Totals for Week	Amount
Cash Advance	
Total Expense	
Due Company	
Due Employee	
Balance Paid	

Date Paid: _____

Check Number: _____

Approved: _____

Employee Signature: _____

Send Check to: _____

Date	Automobile Expenses Itemized	Amount
	TOTAL	

Date	Miscellaneous Expenses Itemized	Amount
	TOTAL	

Date	Persons Entertained	Time and Place	Nature and Purpose	Amount
			TOTAL	

Comments:

_____

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