Expense Report

Format No.:

EMPLOYEE INFORMATION:

Period: **FROM** _____

TO _____

NAME _____

DEPARTMENT _____

DATE	DESCRIPTION	TRANSPORTATION	HOTEL	MILEAGE	MEALS	MISCELL.		TAX	TOTAL
									$ -
									$ -
									$ -
									$ -
									$ -
									$ -
									$ -
									$ -
									$ -
									$ -
									$ -
		$ -	$ -	$ -	$ -	$ -	$ -	$ -	

Subtotal $ -

Advances

Total $ -

Employee Signature:_____

Manager Signature:_____