

# Expense Report



Employee: \_\_\_\_\_

Department: \_\_\_\_\_

From: \_\_\_\_\_

To: \_\_\_\_\_

Purpose of expense:

DATE	DESCRIPTION	TRANSPORTATION/ MILEAGE	LODGING	MEALS	OTHER	TOTAL
<b>Subtotal</b>						
<b>Less cash</b>						
<b>Total owed</b>						
<b>Total due</b>						

Employee signature: \_\_\_\_\_

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_

DATE	PERSON(S) ENTER- TAINED	TITLE	BUSINESS PURPOSE	NAME OF PLACE	TOTAL
<b>Total</b>					

Receipts must be attached to expense form.