

# EXPENSE REPORT

Employee name	Date
Purpose of trip	Date of trip

## AMOUNTS TO BE REIMBURSED

Airfare	
Hotel	
Mileage @ ____ per mile <small>fill in section below</small>	
Rental car	
Other transportation	
Parking	
Tolls	
Entertainment <small>fill in section below</small>	

Meals	
Telephone	
Cellular Telephone	
Postage	
Delivery Service	
Supplies	
Online Services	
Other	

## MILEAGE INFORMATION

Departed from	Destination
Number of miles	Round-trip?

## ENTERTAINMENT INFORMATION

Date	Restaurant / Other	Business Purpose	Guest(s)	Company	Amount

- Receipts required for all expenses over \$75, except mileage.
- Expense reports without proper receipts will be returned.

**I acknowledge that the above amounts represent expenses incurred by me on behalf of this company.**

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_