

# EXPENSE REPORT

EMPLOYEE: \_\_\_\_\_ PERIOD COVERED: \_\_\_\_\_

MILEAGE: \_\_\_\_\_ X \_\_\_\_\_ per mile = \$ \_\_\_\_\_

TOLLS/PARKING: \_\_\_\_\_ \$ \_\_\_\_\_

RECEIPTS:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

*TOTAL AMOUNT DUE:..... \$ \_\_\_\_\_*

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

APPROVED \_\_\_\_\_ DATE PAID \_\_\_\_\_

CHECK # \_\_\_\_\_ AMT PAID \_\_\_\_\_