



EXPENSE REPORT

(Please attach ALL receipts)

Name: _____

Week Ending: _____

Department: _____

TRAVEL

Date	City	Purpose	Lodging	Food	Plane, Train, Bus, Taxi	Other	DAILY TOTAL
TRAVEL TOTAL							

AUTOMOBILE (List destination and miles covered)

Date	From	To	Miles	* @ .555 / Mile	Tolls, Parking	Other	DAILY TOTAL
AUTOMOBILE TOTAL							

ENTERTAINMENT

Date	Persons Present	Company	Position	Place & Type of Entertainment	Amount
ENTERTAINMENT TOTAL					

Signature: _____ Date: _____

Approved by: _____ Date: _____

TRAVEL TOTAL	
AUTOMOBILE TOTAL	
ENTERTAINMENT TOTAL	
SUB-TOTAL	
(Less Amount Advanced)	
NET TOTAL	

* Reimbursement rate effective 08/01/2011