## **Expense Report**

Employee: Department:

From: To:

Purpose of expense:						
Date	Description	Transportation/Mileage	Lodging	Meals	Other	Total
o e					7	
				9	1	
5-1 5-1						
Column Totals						
					Subtotal	8
					Less cash advanced	
					Total owed to you	
					Total due	
	Employee signature:			I	Date:	
				I	Date:	