

Expense Report

Purpose :	
Name :	
Employee ID:	
Department:	
Manager:	

Company Name
 Primary Business Address
 Address 2
 Phone: 555-555-5555
 Fax: 555-555-5555
 E-mail: someone@example.com



Date	Description	Transportation	Lodging	Meals	Other	Total

Subtotal:	
Less cash advanced:	
Total owed to you:	
Total due:	

Date	Persons Entertained	Title	Business Purpose	Name of Place	Total
Total:					

Approved by _____

Signed by _____

Date _____