Auto Expense Travel Report

Date

Employee Name		Completed By
Location	Dept.	Audited By
Address		Purpose of Trip
City	State ZIP	Approved By
Phone		Approved By

Date Travel From	Troval From	Travel To	Odometer		Total		
	I ravel F rom		Start	End	Mileage	Rate/Mile	Amount Due
L	<u> </u>				1		
Total							
Less Cash Advance							
Less Charges to Company							
Total Balance Due							