Expense Report

Period covered: From _____ to _____

Name	Dept/Sales Office	Report Date	Date of Trip	From:	To:
Business Purpose			Account No.		

	Date	Transporta-tion (air, rail, taxi, limousine, bus, car rental, etc.)	Automobile Expenses (gas mileage, tolls, parking) ***	Lodging	Meals (Itemize breakfast/lunch/dinner)			Entertain-ment	Misc.	Totals
SUN										
MON										
TUE										
WED										
THU										
FRI										
SAT										
SUN										
TOTAL										