

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:	
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Approved by

Signed by

Date