

Expense Report



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

Employee Signature: _____ Date: _____

Approved by: _____ Date: _____

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

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

Receipts must be attached to expense form.