

TRAVEL AND EXPENSE REPORT

COMPANY NAME

Name:	Department Name:
	Purpose of Trip/Expense:

ADDRESS
CITY, STATE, ZIP

A DAY/DATE			Sun	Mon	Tue	Wed	Thu	Fri	Sat	TOTALS						
Cities or Towns Visited (attach itinerary if extensive)	Mode	From									Be Sure To Include All Receipts					
		To														
		To														
Paid by		Emp.	C Bill	Emp.	C Bill	Emp.	C Bill	Emp.	C Bill	Emp.	C Bill	Emp.	C Bill	Emp.	C Bill	
TRANSPORTATION		Miles	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Personal Car Expense			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Parking , Tolls, Storage																\$0.00
Car Rental																\$0.00
Cabs, Local Fares																\$0.00
Air																\$0.00
Tips																\$0.00
MEALS																
Breakfast																\$0.00
Lunch																\$0.00
Dinner																\$0.00
LODGING																\$0.00
ENTERTAINMENT (see sect. B)																\$0.00
TELEPHONE																\$0.00
MISCELLANEOUS																\$0.00
MISCELLANEOUS																\$0.00
MISCELLANEOUS																\$0.00
WEEKLY TOTAL			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

B	Date	Persons Entertained	Purpose	Type	Amount

NET DUE EMPLOYEE	\$0.00
+/- Trade/Direct Bill	\$0.00
+/- Advance Received	
ADJUSTED DUE EMPLOYEE	\$0.00

Account Distribution

C	CLIENT	ACCT	AMT	CLIENT	ACCT	AMT	CLIENT	ACCT	AMT
		7685	\$0.00		7202	\$0.00		7684	\$0.00
		7681	\$0.00		7683	\$0.00		7682	\$0.00
		7686	\$0.00		7660	\$0.00			\$0.00

APPROVAL SIGNATURES

EMPLOYEE SIGNATURE	DATE
REVIEWING MANAGER SIGNATURE	DATE