

TRAVEL AND EXPENSE REPORT

Name:	Department Name:
	Purpose of Trip/Expense:

COMPANY NAME

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
TRANSPORTATION		Miles	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
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

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