

## TRAVEL EXPENSE REIMBURSEMENT REPORT

NAME AND ADDRESS


WEEK ENDING (Sunday)

MO	DAY	YEAR

**CASH TRAVEL EXPENSES TO BE REIMBURSED BY THE \_\_\_\_\_ (DO NOT INCLUDE COMPANY CREDIT CARD CHARGES)**

	MON	TUES	WED	THURS	FRI	SAT	SUN	
DATE								<b>TOTAL AMOUNT</b>
FROM (POINT OF ORIGIN):								
TO (DESTINATION):								
AIRPLANE--TRAIN FARES, ETC -- Do not list tickets booked by _____ Travel Agent								
LOCAL FARES--TAXI, BUS, ETC								
AUTOMOBILE	TOTAL AUTOMOBILE EXPENSES, CALCULATED FROM BELOW -->							
LODGING								
BREAKFAST								
LUNCH								
DINNER								
OTHER								
<b>TOTAL</b>								<b>TOTAL A</b>

PURPOSE OF TRIP OR NAME OF COMMITTEE: \_\_\_\_\_

**ENTERTAINMENT EXPENSES**

DATE	NAME OF PERSON, TITLE, COMPANY	PLACE	NATURE & PURPOSE OF EXPENSE	AMOUNT
<b>TOTAL B</b>				

**AUTOMOBILE EXPENSES**

DATE	MILEAGE* (\$0.55/mile)		PARKING AND TOLLS	RENTAL CAR		TOTAL AMOUNT
	DISTANCE	AMOUNT		FEE	GAS	
<b>TOTAL</b>						

\*DO NOT INCLUDE COMMUTING MILEAGE

**TOTAL EXPENSES**

TOTAL EXPENSES A + B	
SUBTOTAL	
LESS CASH ADVANCE	
NET CASH DUE (ADVANCE RETURNED)	

**AMOUNT**

ACCOUNT NUMBER	
TOTAL	

**FINANCE DEPARTMENT USE ONLY**

AUDIT BY:	DATE:
DATE PAID:	
CHECK #:	

**VICE-PRESIDENT'S OR DEPT. DIRECTOR'S APPROVAL**

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This report is a true and complete accounting of my expenses for the period indicated.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE