

2017 Travel Expense Report

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(Business Name)

EMPLOYEE NAME: _____

Period End Date: _____

Purpose of Trip & Destination: _____

Days away from home including dates: _____

DATE:								Business Cr. Card	Personal Chrg/Cash
	Description	Sun	Mon	Tue	Wed	Thu	Fri		
Breakfast									
Lunch									
Dinner									
Meals w/Others-Fill in below									
Entertainment-Fill in below									
Meals Sub-Total:									
Lodging									
Telephone & Fax									
Air Travel									
Taxi or Bus									
Car Rental									
Parking & Tolls									
Mileage Amount									
Tips (Non-meal)									
Other=									
Gas									
Travel Sub-Total:									
Daily Totals:									
Miles Driven									
Mileage Calc @ \$.535									

SUMMARY

TOTAL EXPENSES:	
DEDUCT COMPANY CR. CARD CHARGES:	
DEDUCT ADVANCES Ck# _____:	
DUE EMPLOYEE (COMPANY):	

RECEIPTS ARE REQUIRED AND BUSINESS MEALS AND ENTERTAINMENT MUST HAVE THE FOLLOWING INFORMATION:
(Use reverse side if necessary)

Date	Whom	Business Purpose	Amount

It is the Company's policy to reimburse employees for responsible expenses directly related to the active conduct of its business. Other expenses will not be paid.

EMPLOYEE SIGNATURE _____ DATE _____

APPROVED BY _____ DATE _____