



EXPENSE REPORT

Name _____ Sales # _____ Car # _____

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	
DATE								
PLACES TRAVELED								WEEKLY TOTALS

TRAVEL EXPENSE (Section A)

LODGING								
MEALS								
COMPANY CAR MILEAGE								
GASOLINE GALLONS								
GAS EXPENSE CASH								
GAS EXPENSE CHARGE								
PARKING / TOLLS								
CAR WASH								
OTHER								
OTHER								
TOTAL SECTION A								

PERSONAL CAR EXPENSE (Section B)

MILES DRIVEN								
MILEAGE EXPENSE								
PURPOSE FOR USING PERSONAL CAR								
TOTAL SECTION B								

ENTERTAINMENT EXPENSE DETAIL (Section C)

DATE	Place (Name & Location)	Persons Entertained (Titles/Relationships)	Business Purpose	Type of Expense (Itemized)	TOTAL
TOTAL SECTION C					

EXPENSES CHARGED OR DIRECT-BILLED (Section D) – not reimbursed

DATE	Place (Name & Location)	Business Purpose	Charge or Direct-Bill	TOTAL
TOTAL SECTION D				

FRIDAY P.M. ODOMETER READING		MONDAY A.M. ODOMETER READING		SECTION A TOTAL	
WEEKLY MILES DRIVEN				SECTION B TOTAL	
				SECTION C TOTAL	
				PAY TO EMPLOYEE	

SUPERVISOR APPROVAL:	REVIEWED BY:
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NOTE: This report is submitted weekly. Receipts are required for all expenditures.