



Expense Report

Name:

Employee Number:

Month & Year:

Supervisor:

Date

Company / Job Number / Name(s)

Purpose

Purpose-Other

Expense Type

Place/Destination

Mileage

Expense

Employee's Signature

Manager's Signature

Date

Date

Approved For Payment By

Date Paid

Rate

Mileage Total:

Total:

Less Cash Advance:

Amt. Due DD:

Amt. Due Employee: