



Business Expense Report

Employee Name: _____ Department: _____ Week Ending: ____/____/____

	Date	Meals & Entertainment	Air, Hotel, Car Rental	Misc.	Office Supplies	Materials	Notes
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Totals							

MILEAGE	Monday	Tuesday	Wednesday	Thursday	Friday	Total \$.___
Date						
# of Miles						

Attach Travel Authorization form and itinerary.

Employee's Signature

Manager's Approval