DAILY EXPENSE REPORT

For Office Use Only

PURPOSE:

Date of Request:

Total Miles Driven:

Mileage Rate:

EMPLOYEE INFORMATION:

NAME

POSITION

SSN

DEPARTMENT

MANAGER

EMPLOYEE ID

Date	Merchant	Description	Hotel	Transport	Fuel	Meals	Phone	Entertainment	Misc.	Total
										$0.00
										$0.00
										$0.00
										$0.00
										$0.00
										$0.00
										$0.00
										$0.00
										$0.00
										$0.00
										$0.00
Total			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

SUBTOTAL $0.00

ADVANCES $0.00

TOTAL $0.00

Employee Approval:

Manager Approval:

NOTES: