

EXPENSE REIMBURSEMENT FORM

(ATTACH RECEIPTS IF POSSIBLE)

Employee Name:	Date:
Department:	Travel Date(s): From: _____ to _____

EXPENSES	MON	TUE	WED	THU	FRI	SAT	SUN	WEEKLY TOTAL
<i>Lodging</i>								
<i>Breakfast</i>								
<i>Lunch</i>								
<i>Dinner</i>								
<i>Airline/Train /Bus Fair</i>								
<i>Auto Rental</i>								
<i>Mileage</i>								
<i>Parking/ Tolls</i>								
<i>Telephone</i>								
<i>Misc. & Other</i>								
TOTALS								

TOTALS FOR WEEK:

Comments:

I HEREBY CERTIFY THAT THE ABOVE EXPENDITURES REPRESENT CASH SPENT FOR LEGITIMATE COMPANY BUSINESS ONLY, AND INCLUDES NO ITEMS OF A PERSONAL NATURE.

Employee Signature: _____