

Expense Report

Name: _____

Date:	From:	To:	Mileage on personal car

Total Miles _____ x 0.44 cents/mile \$ _____

Per Diem: Overnight Stay paid @ \$ _____ per evening.

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Total nights away _____ x \$ _____ = \$ _____

Date:	Amount:	Other Expenses:

Total: \$ _____

NOTE: Must have signed receipts with legible signature attached for Other Expenses!

Explain Other Expenses i.e....Fuel, Lodging, Parts, etc., etc.

Do not repeat Per Diem Expense nor Mileage Expense.