

EXPENSE REPORT

NAME: _____

DAY / DATE:	FROM:	TO:	MILEAGE
SUNDAY -			
MONDAY -			
TUESDAY -			
WEDNESDAY -			
THURSDAY -			
FRIDAY -			
SATURDAY -			
TOTAL MILES: _____ X 0.57 CENTS / MILE =			TOTAL \$ = _____

PER DIEM: OVERNIGHT STAY PAID @ \$30 PER NIGHT FOR PER DIEM

CIRCLE DAYS PER DIEM APPLIES:	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
TOTAL NIGHTS AWAY =		X					
			\$30				
							TOTAL \$ = _____

HOTEL REIMBURSEMENT: IF YOU DEFER HOTEL STAYS AND TRAVEL HOME YOU WILL BE COMPENSATED \$50 IN PLACE OF HOTEL COSTS.

CIRCLE DAYS YOU DEFERRED HOTEL:	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
TOTAL NIGHTS AWAY =		X					
			\$50				
							TOTAL \$ = _____

DAY / DATE:	AMOUNT:	OTHER EXPENSES
SUNDAY -		
MONDAY -		
TUESDAY -		
WEDNESDAY -		
THURSDAY -		
FRIDAY -		
SATURDAY -		
TOTAL OF ALL 4 CATEGORIES \$ _____		TOTAL \$ = _____

TOTAL OF ALL 4 CATEGORIES \$ _____

NOTE: Must have signed receipts with legible signature attached for other expenses!
 Explain other expenses I.E., fuel, lodging, parts, etc....
 Do not repeat Per Diem or expense nor mileage expense