

EXPENSE ACCOUNT REPORT

Name: Position: Office: Date:	<u>Office Record</u> Approved by: Date: Paid: Check No: Date:
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LIVING EXPENSE									
Dates	Per Diem Allowance	Room	Meals			Telephone	Tips	Misc.	Occasion
			Breakfast	Lunch	Dinner				
TOTALS									

TRAVELING EXPENSES									
Dates	Trip/Purpose	Auto Mil.	Auto Allow.	Tolls	Parking	Rail	Commut.	Bus/Car	Air
TOTALS									

ENTERTAINMENT			
Dates	Guests	Occasion	Total
TOTALS			

SUMMARY	
Item	TOTAL
Per Diem	
Room	
Meals	
Travel	
Entertainment	
Other	
TOTAL	
Less Weekly Travel Deduction	
Less Advance	
BALANCE DUE EMPLOYEE	
BALANCE DUE	

I hereby certify that I have incurred all of the above expenses.

Signature: _____

