WEEKLY EXPENSE REPORT TEMPLATE

WEEK STARTING	WEEK ENDING	PURPOSE
MM/DD/YY	MM/DD/YY	Presentation and proposal delivery of Project Alpha

SUBMITTED BY

NAME	TITLE	DEPARTMENT	PHONE	EMPLOYEE ID
Bert D.	Sales Associate	Sales	XXX-XXX-XXXX	8954

SUBMITTED TO

MANAGER	MANAGER TITLE	PHONE
Nora W.	Senior Associate	XXX-XXX-XXXX

EXPENSES PAID BY EMPLOYEE

WEEKDAY	MILEAGE	MILEAGE RATE	MILEAGE TOTAL	AIRFARE	TRANSPORTATION	RENTAL VEHICLE	LODGING	MEALS & TIPS	SUPPLIES	PARKING	ENTERTAINMENT	OTHER	TOTAL
SUNDAY	40	$0.5650	$ 22.60	$ -	$ -	$ 300.00	$ 150.00	$ 95.00	$ -	$ 20.00	$ -	$ -	$ 587.60
MONDAY	40	$0.5650	$ 22.60	$ -	$ -	$ 300.00	$ 165.00	$ 73.00	$ 20.00	$ -	$ -	$ -	$ 580.60
TUESDAY	0	$0.5650	$ -	$ 550.00	$ 35.00	$ -	$ 200.00	$ 120.00	$ -	$ -	$ 35.00	$ -	$ 940.00
WEDNESDAY		$0.5650	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
THURSDAY		$0.5650	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
FRIDAY		$0.5650	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
SATURDAY	40	$0.5650	$ 22.60	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 22.60
TOTALS	120		$ 67.80	$ 550.00	$ 35.00	$ 600.00	$ 515.00	$ 288.00	$ 20.00	$ 20.00	$ 35.00	$ -	

SUBTOTAL	$ 2,130.80
ADVANCES	
TOTAL REIMBURSEMENT	$ 2,130.80

DON'T FORGET TO ATTACH ALL RECEIPTS

EXPENSES PAID WITH COMPANY FUNDS

WEEKDAY	MILEAGE	MILEAGE RATE	MILEAGE TOTAL	AIRFARE	TRANSPORTATION	RENTAL VEHICLE	LODGING	MEALS & TIPS	SUPPLIES	PARKING	ENTERTAINMENT	OTHER	TOTAL
SUNDAY	40	$0.5650	$ 22.60	$ -	$ -	$ 300.00	$ 150.00	$ 35.00	$ -	$ 20.00	$ -	$ -	$ 587.60
MONDAY	40	$0.5650	$ 22.60	$ -	$ -	$ 300.00	$ 165.00	$ 73.00	$ 20.00	$ -	$ -	$ -	$ 580.60
TUESDAY	0	$0.5650	$ -	$ 550.00	$ 35.00	$ -	$ 200.00	$ 120.00	$ -	$ -	$ 35.00	$ -	$ 940.00
WEDNESDAY		$0.5650	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
THURSDAY		$0.5650	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 45.00	$ 45.00
FRIDAY		$0.5650	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
SATURDAY	40	$0.5650	$ 22.60	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 22.60
TOTALS	120		$ 67.80	$ 550.00	$ 35.00	$ 600.00	$ 515.00	$ 288.00	$ 20.00	$ 20.00	$ 35.00	$ 45.00	

TOTAL	$ 2,175.80

DON'T FORGET TO ATTACH ALL RECEIPTS

ITEMIZED EXPENSES OR DESCRIPTION OF "OTHER"

DATE	DESCRIPTION	AMOUNT
XX/XX/XX	Donation to client organization	$ 45.00
		$ -
		$ -
		$ -

DATE	DESCRIPTION	AMOUNT
		$ -
		$ -
		$ -
		$ -

ADDITIONAL NOTES - *FOR OFFICE USE ONLY*

APPROVAL

REQUESTED BY	SIGNATURE	DATE
Bert D.		xx/xx/xx
APPROVED BY	SIGNATURE	DATE
Nora W.		xx/xx/xx