

Expense Report

2/25/2016

Name: _____

For Period Ending: 00-Jan-00

Itemized Expenses**Taxi/Bus (1)**

Note: receipts are required for amounts over \$25.00. Enter daily totals on page 1.

Date:	Fare:	To/From:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Meals/Self (2)

Note: receipts are required for amounts over \$25.00.

Date:	Daily amounts are automatically carried over to page 1.			
	Breakfast	Lunch	Dinner	Social
00-Jan-00	_____	_____	_____	_____
00-Jan-00	_____	_____	_____	_____
00-Jan-00	_____	_____	_____	_____
00-Jan-00	_____	_____	_____	_____
00-Jan-00	_____	_____	_____	_____
00-Jan-00	_____	_____	_____	_____
00-Jan-00	_____	_____	_____	_____

Meals/Official Guests (3)

Daily amounts are automatically carried over to page 1.

Date:	Amount:	Description
00-Jan-00	_____	_____
00-Jan-00	_____	_____
00-Jan-00	_____	_____
00-Jan-00	_____	_____
00-Jan-00	_____	_____
00-Jan-00	_____	_____
00-Jan-00	_____	_____

Tips & Gratuities (4)

Note: Please provide receipts for tips & gratuities over \$25.00. Enter daily totals on page 1.

Date:	Amount:	Description
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____