



# EXPENSE REPORT

Client Name  
Client Address

PHONE  
FAX  
EMAIL

NAME  
DEPARTMENT  
POSITION  
MANAGER

PURPOSE  
BEGINNING  
ENDING

\*Account # should be filled out by your supervisor before submitting for payment.

DATE	ACCOUNT	DESCRIPTION	HOTEL	TRANSPORT	MEALS	PHONE	MISC.	MILES	MILEAGE AMOUNT	TOTAL
<b>TOTALS</b>			\$ -	\$ -	\$ -	\$ -	\$ -			

Approved by: \_\_\_\_\_

TOTAL