_____ : Company
_____ : Address
_____ : City/State/Zip

Expense Report

For the Period Beginning: _____ **and Ending:** _____

Date	**Category**	**Amount**	**Location (Recipient; City** (if not local)**)**	**Description; Who, Why** (+ Discussion if Entertainment)

Total: _____

Prepared by: _____

NR = No Receipt

Date Prepared: _____

Summary by Category

	Transp.; Air/Bus/Rail		Meals		
	Transp.; Limo, Car Rental		Entertainment		
	Mileage/Automobile		Supplies		
	Local Taxi/Car Fare/Tolls		Telcom		
	Lodging		Miscellaneous		
	Breakfast				
	Lunch				
	Dinner				

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