

EMPLOYEE EXPENSE REPORT

Salary Expense

Date: _____ Event: _____

No. Of Hours: _____ Amount Per Hour \$ _____ Total \$ _____

Date: _____ Event: _____

No. Of Hours: _____ Amount Per Hour \$ _____ Total \$ _____

Mileage Expense

Date: _____ Event: _____

From: _____ To: _____

Round Trip: ____ yes ____ no Total Miles _____

Date: _____ Event: _____

From: _____ To: _____

Round Trip: ____ yes ____ no Total Miles _____

Miscellaneous Expense

Date: _____ Event: _____

Amount: _____ *Attach receipt*

Date: _____ Event: _____

Amount: _____ *Attach receipt*

TOTAL EXPENSES

Total miles _____ X Mileage Rate _____ = _____

Total Salary _____ Meal Expense _____

CHECK NO: _____ **CHECK DATE:** _____ **TOTAL:** _____

(Please Print)

Name: _____

Mailing Address: _____
(Include City, State & Zip)