

**WEEKLY TRAVEL EXPENSE REPORT**

Name \_\_\_\_\_ Date: From \_\_\_\_\_ to \_\_\_\_\_, Incl.

Event \_\_\_\_\_ Location \_\_\_\_\_

<b>Item</b>	<b>Sun.</b>	<b>Mon.</b>	<b>Tues.</b>	<b>Wed.</b>	<b>Thurs.</b>	<b>Fri.</b>	<b>Sat.</b>	<b>Total</b>
Hotel								
Breakfast								
Lunch								
Dinner								
Registration Fees								
Taxicabs-Local Bus								
Parking								
Turnpike Tolls								
*Auto Mileage (from below)								
Railroad/Air/Bus Fares								
Totals								

**Breakdown of Auto Mileage**

Speedometer Readings

Ending								
Beginning								
Mileage Rate								
*Total (transfer to Auto Mileage above)								

**PLEASE ATTACH RECEIPTS and A COMPLETED PURCHASE ORDER**

Amount Due Employee \_\_\_\_\_

Submitted By \_\_\_\_\_

Approved By \_\_\_\_\_