Expense report

Employee Name: **Date of Report:**

Attached ORIGINAL Receipts, not copies. All reimbursements must be accompanied by a detailed receipt, signed credit card slips are not sufficient.

Use this report for all expense reimbursement requests. ALWAYS KEEP A COPY OF RECEIPTS AND REPORT FOR YOUR RECORDS.

Checks are cut on the 15th and 30th of each month. Request must be received at least one week prior to the 15th and/or 30th

Item	Date	Location/Justification	Airfare	Lodging	Bfast	Lunch	Dinner	Car Rental	Fuel	Parking/ Tolls	Phone/ Email	Office Supplies	Postage/ Courier	Misc	Total
2															-
4															-
5															-
6															-
7															-
8															-
9															-
10															-
11															-
12															-
13															-
14															-
15															-
16															-
17															-
18															-
19															-
20															-
21															-
22															-
23															-
24															-
25															-
26															-
27															-
28															-
29															-
	Sub-total: Location 1		-	-	-	-	-	-	-	-	-	-	-	-	-

For Javen Use Only	
Location 1	
Airfare	$0.00
Lodging	$0.00
Meals & Entertainment	$0.00
Transportation (Car)	$0.00
Phone/Fax/Internet	$0.00
Supplies/Misc	$0.00
Postage/Freight	$0.00
Misc	$0.00
Total	$0.00

EMPLOYEE SIGNATURE :_____

Manager SIGNATURE :_____