

Employee: *

EXPENSE REPORT

Date:

* Please type first name and last name as it appears in Paylocity

TRAVEL EXPENSES AND OTHER

Position:

Destination and Business Purpose of Trip:

			Local Trans			TRAVEL MEALS		Date (From): COMMUNICATIONS		Date (to): Office			
Date	Airfare	Car Rental	& Parking	Tolls	Hotel	Breakfast	Lunch	Dinner	Phone	Cell	Internet	Supplies	TOTAL
													-
													-
													-
													-
													-
													-
													-
													-
													-
													-
													-
													-
													-
													-
													-
SubTotal	-	-	-	-	-	-	-	-	-	-	-	-	
										Total Trav	/el Expense	s & Other:	-

MISCELLANEOUS EXPENSES						
Date	Name of Proprietor	Description/Reason	Amount			
Total Miscellaneous Expenses:						

ADDITIONAL NOTES

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		EXPENSE REPORT TOTALS		
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	I certify that the above information is complete and tru			
			Total Expenses: (Page 1)	-
			Total Mileage:(Page 2)	-
	Employee Signature & Date	Approved By, Signature & Date		
_			Less Advances Received:	
			Total Amount to be Reimbursed:	
			Total Amount to be Reimburseu:	-