

# EMPLOYEE TRAVEL EXPENSE REPORT

Purpose of Travel :  
Reimbursement Address :  
Employee Name :  
Department :

Pay Period	
From	To

Date of Travel	Description	Transportation	Lodging	Meals	Misc. Expenses	Daily Total
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$

\$

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*\*Don't forget to attach receipts\**

**TOTAL EXPENSES : \$**

Employee Signature		Date	
Authorizer Signature		Date	