









EMPLOYEE BUSINESS EXPENSES

Name:		
Round Trip Business Mileage: <u>Date</u>	<u>Purpose</u>	Mileage
: :		
	Total Miles Xper mile	
Other Business Expenses: (Pleas	se be specific) Date	Amount
1)		
2)		3
3)		
4)		
5)		
	TOTAL OTHER EXPENS	ES
Signature	TOTAL MILEAGE EXPE	NSE
Date	SUBTOTAL	7
Approved:	ADVANCE PAYMENT	
Paid	VOUCHER TOTAL	