

Expense Claim

Employee's Name Employee Name Expenses From (mm/dd/yyyy) 04/21/2005
Manager's Name Manager Name Expenses To (mm/dd/yyyy) 04/22/2005

Date (mm/dd/yyyy)	Transport	Hotel	Meals	Phone	Parking	Misc *	Daily Total
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
* Provide an explanation for all miscellaneous charges					Total Expense		\$0.00
					Advance		
					Total Reimbursement		\$0.00

Employee's Signature

Manager's Signature

Submit