

[Company Name]

Employee Expense Schedule

Date:

Employee Name:

Employee ID: [Employee ID] | Department: [Department]

Employee Name	[Employee ID]
Employee ID	
Department	
Position	
Supervisor	
Start Date	
End Date	
Current Status	

Expense Category	Fiscal Year 2024				
	January	February	March	April	May
Travel Expenses					
Hotel Accommodations	100	150	200	180	120
Airfare	250	300	350	320	280
Rental Car	75	90	100	85	60
Taxi/Uber	20	25	30	28	22
Meals & Entertainment	150	180	220	200	140
Subtotal	595	745	800	715	542
Transportation					
Public Transit	50	60	70	55	40
Commuter Allowance	100	120	140	110	80
Subtotal	150	180	210	165	120
Per Diem					
Domestic Travel	100	120	140	110	80
International Travel	200	250	300	280	200
Subtotal	300	370	440	390	280
Medical Expenses					
Health Insurance Premium	50	50	50	50	50
Dental Insurance Premium	25	25	25	25	25
Vision Insurance Premium	15	15	15	15	15
Medical Co-pay	10	10	10	10	10
Subtotal	100	100	100	100	100
Utilities					
Electricity	50	50	50	50	50
Water	25	25	25	25	25
Gas	25	25	25	25	25
Subtotal	100	100	100	100	100
Food & Beverage					
Restaurant Meals	100	120	140	110	80
Coffee Shop	25	30	35	32	28
Subtotal	125	150	175	142	108
Personal Expenses					
Cell Phone Bill	50	50	50	50	50
Internet Service	25	25	25	25	25
Subtotal	75	75	75	75	75
Subtotal	1225	1520	1700	1507	1025
Grand Total	1225	1520	1700	1507	1025
Approved By					
Signature					
Date					