

Expense Statement

Employee	
Name: _____	Position: _____
SSN: _____	Manager: _____

Pay Period
From: _____
To: _____

Day	Date	Description	City	St	Amount	Mileages
Monday						Mileage In:
						Mileage Out:
Tuesday						Mileage In:
						Mileage Out:
Wednesday						Mileage In:
						Mileage Out:
Thursday						Mileage In:
						Mileage Out:
Friday						Mileage In:
						Mileage Out:
Saturday / Sunday						Mileage In:
						Mileage Out:

For Office Use Only: Date Received _____	Approved by _____
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Subtotal: _____

Total: _____

**(Out-of-Pocket) Total to be
reimbursed to employee:** _____

Note: All supporting receipts must be submitted with expense statement weekly. All reimbursements will be declined if submitted without supporting receipts.