

WEEKLY EXPENSE REPORT			Name:				Week Ending: ___/___/20__	
	SUN	MON	TUES	WED	THURS	FRI	SAT	
Date								
Destination								TOTALS
Transportation								
Auto: Parking, Tolls								
Lodging								
Breakfast								
Lunch								
Dinner								
Entertainment								
Miscellaneous								
DAILY TOTAL:								

DATE SUBMITTED:	Weekly Sub-Total:	
	* Less Amount charged to corporate card:	
SIGNATURE:	TOTAL EXPENSES TO BE REIMBURSED:	

Date	Explanation of Entertainment/Miscellaneous Expenses:	Amount

Note: Please mark charges to the corporate credit card with "*" when entering in amounts.