

Monthly Expense Report



PAFFORD EMS

Employee Name:
 Email:
 Phone:

Period
 From:
 To:

Direct Report:
 Department:

Purpose:
 Location:

Totals

Date

Mileage Reimbursement and Expenses Paid by Employee

Business Miles:										
Rate:	0.625	-	-	-	-	-	-	-	-	-
Airfare, Baggage										-
Vehicle Rental										-
Fuel										-
Bus, Train, Taxi, Tips										-
Parking										-
Lodging										-
Breakfast										-
Lunch										-
Dinner										-
Snacks										-
Postage, Shipping										-
Meals & Tips										-
Business Entertainment										-
Other (Itemize below)										-
Subtotal										-

Less Advances

Total Reimbursement -

Expenses Paid by Company Credit Card

Airfare, Baggage										-
Vehicle Rental										-
Fuel										-
Bus, Train, Taxi, Tips										-
Parking										-
Lodging										-
Postage, Shipping										-
Meals & Tips										-
Business Entertainment										-
Other (Itemize below)										-
Subtotal	-	-	-	-	-	-	-	-	-	-

Note: Attach receipts for (1) ALL lodging and (2) expenses \$75 or more

Total All Expenses -

Itemized Expenses (Meals, Entertainment, and Other)

Date	Amount	Place or Description	Business Purpose / Business Relationship

I certify that the above information is accurate and complete.

Note: All amounts listed in USD

Employee Signature Date

Authorized By Date

Print Name: