

Weekly Expense Sheet

Week Of: _____

Employee Name: _____

Start Time: _____

Stop Time: _____

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
MEALS: <i>also attach receipts</i>							
Breakfast							
Lunch							
Dinner							
LODGING: <i>also attach receipts</i>							
(List price per day.)							
MILEAGE:							
Miles Traveled (Personal Vehicle)							
State car was not avail.= 55.5¢/mile reimburse.							
State car was available= .36/mile reimburse.							
MISCELLANEOUS:							
Taxi							
Parking							
Registration Fees							
Phone/Internet							
Other							
TOTAL DAILY EXPENSE:							

Itinerary _____

Employee Signature _____

Total for Week: _____

Approved by _____

Charge (Division) _____