THE EMPLOYER GROUP
HR & Payroll Outsourcing Experts
Operate Smarter

Expense Report

EMPLOYEE NAME: _____ **CLIENT COMPANY:** _____

EMPLOYEE TITLE: _____ **WEEK ENDING DATE:** _____

DATE	DESCRIPTION OF EXPENSE	MILEAGE*			TOTAL COST
		Begin	End	Distance	

TOTAL DUE

*Mileage for 2010 is paid at $0.50 per mile.

By signing below, I verify that the above expenses were incurred on behalf of the company and are an accurate representation of the expense incurred. Wherever possible, a receipt is also attached to this sheet.

EMPLOYEE SIGNATURE: _____ **DATE:** _____

I authorize payment for these expenses.

APPROVED BY: _____ **DATE:** _____

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