

Auto Expense Travel Report

Date

Employee Name

Completed By

Location

Dept.

Audited By

Address

Purpose of Trip

City

State

ZIP

Approved By

Phone

Approved By

Date	Travel From	Travel To	Odometer		Total Mileage	Rate/Mile	Amount Due
			Start	End			
						Total	
						Less Cash Advance	
						Less Charges to Company	
						Total Balance Due	