

FLYNN Management Corporation

Expense Report

Name: _____ Date: _____

Address: _____ From: _____ To: _____

Date Submitted: _____

TRAVEL MILEAGE FROM CITY TO CITY	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From: _____							
To: _____							
From: _____							
To: _____							
From: _____							
To: _____							
From: _____							
To: _____							
TOTAL TRAVEL MILEAGE							
Mileage @ \$.50 or \$.26 per mile							
Gas-Oil (Rental Car)							
Parking at airport							
Auto Rental							
Breakfast (only if on overnight travel)							
Lunch (only if on overnight travel)							
Dinner (only if on overnight travel)							
Tips							
Other: Hotel							
Other: Tolls							
Other:							
TOTAL EXPENSES PER DAY							

Purpose of Trip:	EXPENSE REPORT SUMMARY	
Expenses reported represent necessary and reasonable business expenses.		
Employee signature:	Total Expenses	
Accounting review Date:	Less Cash Advance	
Approval Signature: Date:	Balance Due Employee	