

Weekly Expense Sheet

Week Of: _____

Employee Name: _____

Start Time: _____

Stop Time: _____

SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY

MEALS: also attach receipts

Breakfast

Lunch

Dinner

LODGING: also attach receipts

(List price per day.)

MILEAGE:

Miles Traveled (Personal Vehicle)

State car was **not** avail.= 56.5¢/mile reimburse.

State car **was** available= .36/mile reimburse.

MISCELLANEOUS:

Taxi

Parking

Registration Fees

Phone/Internet

Other

TOTAL DAILY EXPENSE:

Itinerary _____

Employee Signature _____

Approved by _____

Total for Week: _____

Charge (Division) _____