Company Name Here

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	