

Corporation A
Corporation B

Employee Expense Report

Milage Expense
Date

Origin

Destination

Esti-
mated
Milage

Reimburse-
ment per
mile @
0.565
tolls/parking

Subtotal, Reim-
bursement
Amount,
milage/
tolls/parking

Milage Expense Date	Origin	Destination	Esti- mated Milage	Reimburse- ment per mile @ 0.565 tolls/parking	Subtotal, Reim- bursement Amount, milage/ tolls/parking
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Other Expenses
Date

Description

Reimburse-
ment
Amount

Subtotal, Reim-
bursement
Amount,
Other Exp

Other Expenses Date	Description	Reimburse- ment Amount	Subtotal, Reim- bursement Amount, Other Exp
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Submission Date

Total Amount Claimed
For Reimbursemnt

Employee Name

Employee Signature

Approval Date

Approval Signature