

# WEEKLY EXPENSE REPORT



Name \_\_\_\_\_

Phone: 703-506-1222 Fax: 703-506-1223

Client/Project \_\_\_\_\_

Week Ending: Friday \_\_\_\_\_, 20

Location \_\_\_\_\_

Reason of Travel \_\_\_\_\_

Enter Month and Day Enter Year

Mileage	DATE	FROM	TO	PURPOSE	MILES	RATE	AMOUNT
						\$ 0.500	\$
						\$ 0.500	\$
						\$ 0.500	\$
						\$ 0.500	\$
						\$ 0.500	\$
						\$ 0.500	\$
						\$ 0.500	\$
<b>Total</b>							\$

Box A

Expenses (attach receipts)	SAT	SUN	MON	TUE	WED	THU	FRI	AMOUNT
<b>DATES OF TRAVEL</b>	/	/	/	/	/	/	/	
1 AIR/TRAIN								\$
2 TAXI/SHUTTLE								\$
3 AUTO RENTAL								\$
4 HOTEL/MOTEL								\$
5 MEALS/PER DIEM								\$
6 TELEPHONE								\$
7 PARKING/TOLLS								\$
8 POSTAGE/DELIVERY								\$
9 ENTERTAINMENT								\$
10 MISCELLANEOUS								\$
<b>DAILY TOTALS</b>	\$	\$	\$	\$	\$	\$	\$	\$

Box B

Explanation of Charges in Lines 1, 6, 8, 9 and 10 (attach sheet if needed to provide information for approver):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FOR ADMIN USE ONLY: Payment/Billing Summary		TRIP COST SUMMARY	
Employee Section	Due Date: / /	Total Expenses (Add box A & B)	\$
(Fill out upon receipt from employee)	Check Number: #	LESS: Company Paid Expenses	\$
	Check Amount: \$	LESS: Advance (if any)	\$
Client Section	Billing Date: / /	Total Employee Reimbursable	\$
(Fill out upon billing)	Amount Billed: \$	Total Client Reimbursable	\$

EMPLOYEE SIGNATURE	DATE	APPROVED BY	DATE

**DIRECTIONS:** Please fill out thoroughly to ensure prompt payment of expenses. All receipts must be attached. (Hotel, Air, etc.)

After filling in charges, add all totals and carry down to "Trip Cost Summary". Re-check all charges and totals for accuracy.

Sign, date and fax to Alltech w/ Timesheets to 703-506-1223. Mail original ASAP w/ receipts for payment processing.

Alltech Approval: \_\_\_\_\_ Date: \_\_\_\_\_

**FAX IN WEEKLY WITH TIMESHEETS: MAIL ORIGINAL ASAP**