



**NOTES:**

*Please provide receipts or other supporting documentation to substantiate your expense report.*

*For meals and entertainment, the business purpose of the event and the names, companies, and titles of the attendees must be documented.*

Travel & Expense Report	
Date:	
Employee:	
Location:	

GL ACCOUNT #	EXPENSE CATEGORY	DESCRIPTION / BUSINESS PURPOSE	MON	TUE	WED	THUR	FRI	SAT	SUN	TOTAL
	<b>AUTO EXPENSES</b>									
	REPAIRS									
	MAINTENANCE									
	GAS									
GL ACCOUNT #	EXPENSE CATEGORY	DESCRIPTION / BUSINESS PURPOSE	MON	TUE	WED	THUR	FRI	SAT	SUN	TOTAL
	<b>TRAVEL EXPENSES</b>									
	AUTO RENTALS									
	AIR FARE									
	TAXI									
	HOTEL-MOTEL									
	PARKING									
GL ACCOUNT #	EXPENSE CATEGORY	DESCRIPTION / BUSINESS PURPOSE	MON	TUE	WED	THUR	FRI	SAT	SUN	TOTAL
	<b>MEALS &amp; ENTERTAINMENT</b>									
	BREAKFAST (TRAVEL RELATED)									
	LUNCH (TRAVEL RELATED)									
	DINNER (TRAVEL RELATED)									
	CLIENT MEALS & ENTERTAINMENT									
GL ACCOUNT #	EXPENSE CATEGORY	DESCRIPTION / BUSINESS PURPOSE	MON	TUE	WED	THUR	FRI	SAT	SUN	TOTAL
___ -99-6070	EQUIPMENT OPERATING EXPENSE									
___ -99-6360	OFFICE SUPPLIES									
___ -99-6190	SALES ADVERTISING									
___ -99-6170	SALES SUPPLIES									
___ -99-6061	WAREHOUSE BLDG MAINTENANCE									
___ -99-6050	WAREHOUSE SUPPLIES									
										TOTALS

PURPOSE OF TRIP	SUMMARY	AMOUNT
	TOTAL EXPENSES	
Signature: _____ Date: _____	Less Cash Advances:	
Approved By: _____ Date: _____	Less Charges to Co:	
	Balance Due:	

BRANCH CODES		
(Put the branch name in front of the code) Example: PDX 01-99-6050 Warehouse Supplies		
PORTLAND 01	CLACKAMAS 09	WOODINVILLE FORM YARD 15
WOODINVILLE 02	TACOMA 10	WEST EUGENE 17
SALEM 05	EUGENE 12	WILSONVILLE 19
HILLSBORO 06	MEDFORD 13	PORT ORCHARD 23
KINGDOME 07	RIDGEFIELD 14	