

EXPENSE REPORT ANALYSIS

PERIOD COVERED FROM: TO:

COMPANY NAME: _____ NAME OF DEPARTMENT: _____

AUDITORS NAME: _____ PG. ____ OF ____ PAGES

LINE NO.	EXPENSE REPORT NO.	DEPARTMENT	NAME	✓	TRANSPORTATION		ENTERTAINMENT	FOOD	LODGING	MISC.	TOTAL
					TICKET	OTHER TOTAL					
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											

LINE NO.	TICKET COST (incl. tax)		FOOD		LODGING		CHECK OTHER TRAVEL, ENTERTAINMENT & MISC. EXPENSES
	RATE BOOK	FIRST COACH	NO. OF DAYS	AVERAGE / NIGHT	NO. OF NIGHTS	AVERAGE / NIGHT	
1							✓
2							
3							
4							
5							
6							
7							
8							
9							
10							