

Ops Plus, Inc.

Expense Report

Employee Name: _____

Period Ending: _____

Detailed Expenses

Mileage Rate: 0.50

Transportation	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Totals
Miles Driven								
Reimbursement								
Parking/Tolls								
Auto Rental								
Taxi/Limo								
Other (Rail/Bus)								
Airfare								
Totals								

Lodging	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Totals
Lodging								
Other								
Totals								

Food	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Totals
Breakfast								
Lunch								
Dinner								
Other								
Totals								

Miscellaneous	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Totals
Supplies/Equipment								
Phone/Fax								
Entertainment								
Other								
Other								
Other								
Totals								

Detailed Entertainment Record

Date	Place Name & Location	Business Purpose	Amount

Trip Purpose:

Summary of Expenses

Total Expenses

Less Cash Advance

Less Company Charges

Amount Due to Employee

Amount Due to Company

Prepared By: _____

Approved By: _____

Date: _____

Date: _____