

Automobile Expense Report

Employee Name: _____

Supervisor: _____

Phone/Extension: _____

Month of: _____

Date	Odometer		Mileage x	Gas and Oil	Parking and Tolls	Miscellaneous	Total
	Start	Finish					
Sub Totals:							

Less Cash Advances and Charges To The Company: _____

Balance Due: _____

If submitted as an expense report, attach receipts and sign below

Employee Signature: _____

Approval Signature: _____

Title: _____

Title: _____

Date: _____

Date: _____