SMUGGLERS' NOTCH
V·E·R·M·O·N·T

EXPENSE REPORT

NAME

DEPARTMENT

TODAYS DATE

DAY DATE	PLACE VISITED CITY, STATE	LODGING	MEALS	AUTO/TRAVEL EXPENSE			MISCELLANEOUS EXPENSES		DAILY TOTAL
				MILEAGE@ _____/DESCRIPTION TRANSPORTATION EXPENSE	AMOUNT	FUEL	DESCRIPTION	AMOUNT	
								$	
WEEKLY TOTAL $									$

COMMENTS:

DATE		AMOUNT	ACCOUNT #	DEPT #	AMOUNT
	ADVANCE RECEIVED	$			$
	TOTAL EXPENSES	$			$
	AMOUNT DUE EMPLOYEE	$			$
	AMOUNT DUE SMUGGLERS'	$			$
					$

EMPLOYEE SIGNATURE

MANAGEMENT APPROVAL