Professional Perspectives Consultant Expense Report

Employee Name

Date From To

Business Purpose Description (Must be Completed)

Date	Location - To/From Beginning/Ending Odometer (Include Google Map)	Mileage at .565/mile	Airfare	Baggage & Additional Airline Fees	Meals	Meal Type (Bkfst, Lunch, Dinner, Snack)	Hotel	Number of Nights	Car Rental	Misc. Amount	Misc. Type & Purpose	Total
												$ -
												-
												-
												-
												-
												-
												-
												-
												-
												-
												-
												-
Total		$ -	$ -	$ -	$ -		$ -		$ -	$ -		$ -
					EMPLOYEE SIGNATURE:					DATE:		$ -
					APPROVAL SIGNATURE:					DATE:		$ -

Please enter one expense per line.
Please attach a receipt for each expense
For all meal receipts, please indicate who attended
Carry over each expense to the "Total" Column and add down.