

# K C TRANSPORTATION, INC. EMPLOYEE EXPENSE REPORT

NAME \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

Date	Description/Purpose/Explanation	Employee Name/Title	personal auto miles **	Reimb @ rate	MILEAGE Amount	TRAVEL Amount	ENTERTAINMENT Amount	OTHER Amount	DAILY TOTAL
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
<b>Column Totals</b>									

(\*\*Company vehicle miles reported on Page 2 - Reverse)

(Column amounts must cross-foot to Grand Total)

**Grand Total**

Submitted by: \_\_\_\_\_

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_

