

Automobile Expense Report

Employee Name: _____

Supervisor: _____

Phone/Extension: _____

Month of: _____

| Date | Odometer | | Mileage x | Gas and Oil | Parking and Tolls | Miscellaneous | Total |
|--------------------|----------|--------|-----------|-------------|-------------------|---------------|-------|
| | Start | Finish | | | | | |
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| 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: _____