

DATE:

**SALES EXPENSE REPORT**

EMPLOYEE NAME			FOR WEEK ENDING			
ADDRESS			PURPOSE OF TRIP			
CITY	STATE	ZIP	APPROVED BY:			
TERRITORY:	ZONE:		APPROVED BY:			
TOTAL EXPENSES	LESS CASH ADVANCES		LESS CHARGES		PAYMENT DUE	

**DETAIL OF DAILY EXPENSES**

ITEM	MON	TUE	WED	THU	FRI	SAT	SUN
TRAVEL MILEAGE							
X (\$ 0.____)/Mi.							
GAS, OIL, LUBE							
PARKING, TOLLS							
AUTO RENTAL							
TAXI, BUS, LIMO							
AIR, RAILWAY							
HOTEL							
BREAKFAST							
LUNCH							
DINNER							
LAUNDRY							
PHONE, TELEGRAM							
MISC. TIPS							
TOTAL ENTERTAIN.							
TOTAL DAILY EXP.							

**SUMMARY OF ENTERTAINMENT EXPENSES**

DATE	ITEM	WHO	REASON	# IN PARTY	RECEIPT	AMOUNT