

TRAVEL EXPENSE REPORT

Date: _____

NAME:

LOCATION:

								EXPENSES TO BE PAID TO PERSONNEL	NOTES:	EXPENSES TO BE BILLED TO CUSTOMER {administrative use only}
DATE	SUN	MON	TUES	WED	THUR	FRI	SAT			
FROM										
TO										
AUTO-MILEAGE								\$0.00		
AT \$.485 PER MILE								\$0.00		
LODGING								\$0.00		
BREAKFAST								\$0.00		
LUNCH								\$0.00		
DINNER								\$0.00		
AIR / RAIL / BUS								\$0.00		
LOCAL CAB / BUS								\$0.00		
AUTO RENTAL								\$0.00		
GAS / OIL / LUBE								\$0.00		
PHONE / TEL.								\$0.00		
ENTERTAINMENT								\$0.00		
MISC GRATUITIES								\$0.00		
TOLLS								\$0.00		
PARKING								\$0.00		
PER DIEM								\$0.00		
DAILY TOTAL	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		

Receipts Must Accompany ALL Expenses except Per Diem

From/To City & State Must Accompany ALL Mileage Claims

Employee Signature: _____

Date: _____

Approval Signature: _____

Date: _____

Technical Diagnostic Services
4300 Beltway Place, Ste. 120
Arlington, TX 76018

Phone: 817-465-9494
Fax: 817-465-9573