Samuel Merritt University
Employee Expense Report 2010

EMPLOYEE NAME: _____ **WEEK ENDING:** _____

BUSINESS PURPOSE: _____ **DEPT/SUBACCT:** _____

REIMBURSABLE EXPENSES	SUN	MON	TUES	WED	THURS	FRI	SAT	TOTAL
Breakfast								
Lunch								
Dinner								
Lodging								
Telephone								
Airfare (Other than Segale)								
Car rental								
Gas (applies to car rental only)								
Parking or tolls								
Mileage from Recap below								
Taxi, BART, bus								
Tips								
DAILY TOTALS							**TOTAL**	**$0.00**

ENTERTAINMENT

DATE	WHO	PLACE	BUSINESS	AMOUNT
			TOTAL	**$0.00**

OTHER EXPENSES

DATE	DESCRIPTION	AMOUNT
	TOTAL	**$0.00**

Recap of Expenses Without Receipts

Description	Amount
Mileage: miles X $0.50	
Total	

TOTAL FROM ABOVE	**$0.00**
LESS ADVANCE	**0**
TOTAL DUE EMPLOYEE OR DUE SAMUEL MERRITT UNIVERSITY IF (-)	**$0.00**

Employee Signature **Approved by**

Date: _____ **Date:** _____

Rev: 2/1/2009