

# DAS EXPENSE REPORT

Employee: \_\_\_\_\_

Week Ending: \_\_\_\_\_

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Totals
<b>DATE:</b>								
Mileage x .505	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Tolls								\$0.00
Parking								\$0.00
Transportation								\$0.00
Breakfast								\$0.00
Lunch								\$0.00
Dinner								\$0.00
Accommodations								\$0.00
Phone								\$0.00
Internet								\$0.00
Other								\$0.00
<b>Total \$</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

Notes:

Manager Name: \_\_\_\_\_

Mgr Signature: \_\_\_\_\_

DO NOT WRITE BELOW  
*(for Office Mgr. use only)*

TOTAL Reimbursement \$ \_\_\_\_\_

\*\*Please provide original receipts for these expenses.