# Employnet
# Travel Expense Report

**Employee Name:** _____

**Report Date:** _____

**Purpose of Trip or Expense:** _____

**Job Reference Number:** _____

| Date | Day | Air Fare | Lodging | Car Rental Meals | Meals | Personal Auto * | Parking | Misc. | Total |
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| **Prepaid by company:** | |
| **Cash Advance:** | |
| **Amount due Employnet:** | |
| **Amount due Employee:** | |

I certify that the above information is correct:

Approved:

_____
**Employee Signature**

_____
**Approving Signature**

_____
**Approver's Name (Print)**

*Please attach a detail of mileage for employnet business.
The mileage reimbursement rate is 54.5 cents per mile.