

American Wood Moulding Expense Report

MONTH: _____

	BREAK-FAST \$6	LUNCH \$8	DINNER \$20	LODGING	ENTERTAINMENT **	FUEL, OIL & REPAIRS	AIR, TAXI & CAR RENTAL	PARKING & TOLLS	PHONE & POSTAGE	MISC. **	
DATE	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	TOTAL
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
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18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
Total											

** Please provide description on pg 2 listing names of parties on each receipt. Entertainment expenses are those spent on guests who are not AWM employees.

I certify that these expenses and the mileage reported are accurate & expenses were incurred in the course of company business. I recognize that filing a fraudulent or false expense report is grounds for disciplinary action up to & including dismissal.

Total Expenses: (1) _____

Total Mileage (from page 2) : (2) _____

Total Reimbursement (add lines 1 & 2) (3) _____

Deductions for Non-Authorized Charges: (4) _____

Deduction for Company Advances: (5) _____

Employee Signature: _____

Print Name: _____

Date: _____

Total Reimbursement (subtract lines 4 & 5 from 3):

For Management Use Only

Supervisor Signature: _____

Print Name: _____

Cost Center: _____

Once approved, mail report to: American Wood Moulding, Attn: Accounts Payable, 7458 New Ridge Road, Hanover, MD, 21076

AUTOMOBILE MILEAGE RECORD - COMPANY USE OF PERSONAL VEHICLE ONLY

NAME: _____

DATE	LOCATION FROM / TO	ODOMETER START	ODOMETER END	MILES TRAVELED
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
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26				
27				
28				
29				
30				
31				

TOTAL MILEAGE : (1) _____

(INSERT RATE AS .325 OR .1073) MILEAGE ALLOWANCE RATE : (2) _____

ENTERTAINMENT DETAIL:

(MULTIPLY LINE 1 BY 2) TOTAL MILEAGE EXPENSE : (3) _____

DATE	NAME, COMPANY & TITLE OF GUEST(S)	BUSINESS PURPOSE	AMOUNT

MISC DETAIL:

DATE	DESCRIPTION OF EXPENSE	AMOUNT