

EXPENSE REPORT



P.O. Box 7972
Stockton, CA 85219

Phone: 209-474-6632
Fax: 888-405-8454
E-mail: dispatch@anchormotorfreight.com

Name: _____

Department: _____

From: _____ To: _____

Purpose of expense:

Date	Description	Transportation/Mileage	Lodging	Meals	Other	Total
Column Totals						
Subtotal						
Less cash advanced						
Total owed to you						
Total due						

Employee signature: _____

Date: _____

Approved by: _____

Date: _____

Date	Person(s) Entertained	Title	Business Purpose	Name of Place	Total
Total					

Receipts must be attached to expense form.