

Expense Tracking & Payment Schedule

LESSEE NAME / DEPARTMENT _____

LESSOR / LEASING COMPANY _____

LEASE CONTRACT NUMBER _____

VEHICLE MAKE / MODEL _____

VIN (VEHICLE ID NUMBER) _____

LEASE START DATE _____

LEASE END DATE _____

ANNUAL MILEAGE LIMIT _____

[illegible]

Total Amount Due:

Total Amount Paid:

**Outstanding
Balance:**