EXECUTIVE TRAVEL & LODGING

EXPENSE LOG

Report Date:

Period From/To:

Employee Name:

Title/Position:

Department:

Purpose of Trip:

Destination(s):

Cost Center:

Subtotal (Lodging):

Subtotal (Other Expenses):

Less: Cash Advance / Prepaids:

Total Reimbursement Due:

Claimant Signature	**Date: _____ / _____ / 20___**
Authorized Approver Signature	**Date: _____ / _____ / 20___**