

LODGING & ACCOMMODATION EXPENSE REPORT

EMPLOYEE & TRIP INFORMATION

EMPLOYEE NAME _____

DEPARTMENT / DIVISION _____

PURPOSE OF TRAVEL _____

EMPLOYEE ID _____

DESTINATION (CITY, STATE/COUNTRY) _____

DEPARTURE DATE _____

RETURN DATE _____

ACCOMMODATION EXPENSE DETAILS

DATE	HOTEL / ACCOMMODATION NAME & LOCATION	DAILY RATE	NIGHTS	TAXES & FEES	OTHER CHARGES	TOTAL
Total Lodging Expenses						

NOTES / REMARKS

EMPLOYEE SIGNATURE

Date: _____

AUTHORIZED APPROVER SIGNATURE

Date: _____