

SALES TEAM WEEKLY TRAVEL EXPENSE TEMPLATE

Employee Name: _____

Week Ending Date: _____

Department/Territory: _____

Manager / Approver: _____

DATE	CATEGORY	DESCRIPTION / PURPOSE	PAYMENT METHOD	CLIENT BILLABLE?	AMOUNT

Subtotal	
Other / Advances	
Total Due	

Employee Signature

Date: _____

Manager Approval Signature

Date: _____