



381 East Main Street
East Islip, New York 11730-2896

Expense Report

Employee:

Purpose of Expense: Training Reimbursement

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.