PLEASE MAIL THE COMPLETED FORM BY INTEROFFICE MAIL OR FAX TO: 302-661-1001 (NO COVER PAGE PLEASE)

Effective Jan 1, 2010

EXPENSE REPORT FOR _____ in 2010

month

Employee _____ From _____, 2010

First and Last Name Thru _____, 2010 (inclusive)

Address: _____

where check needs mailed _____

Location or Cost Center _____

DATE	LOCATIONS VISITED	MILEAGE	NON-MILEAGE EXPENSE ITEM DESCRIPTION	TOTAL
COL. 1	COL. 2	COL. 3	COL. 4	COL. 5
			Subtotal of non-mileage items	$ -
TOTAL MILEAGE			MULTIPLY TOTAL MILES X $0.50 AND ENTER IN COL. 5 --->	$ -
			TOTAL AMOUNT	

Employee's Signature _____

Date Submitted _____ Approved _____

Note: Receipts must be attached.

USE COLUMN 4 AND 5 FOR NON-MILEAGE ITEMS INCLUDING TOLLS AND ANY OTHER PURCHASES, ETC.
THERE IS NO NEED TO MULTIPLY INDIVIDUAL MILEAGE ITEMS IN EACH LINE BY $0.50. INSTEAD, ADD UP ALL ALL MILEAGE IN COLUMN 3 AND USE THE LAST ROW TO MULTIPLY BY THE MILEAGE RATE ($0.50) AND ENTER IN COLUMN 5