

YUGO Ministries

Travel Expense Report

441 W. Allen Ave. Suite 102

P. O. Box 25

San Dimas, CA 91773

Employee Name _____

Employee Title: _____

Date of Trip _____

Purpose of Trip: _____

Expense	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	TOTALS
Date:								
Start City:								
End City:								
Start Mileage:								
End Mileage:								
Total Miles:								
Auto Expense @ _____ ¢/Mile								
Gas & Oil (If Applicable)								
Car Rental								
Parking								
Tolls								
Air Fare								
Lodging								
Meals (\$ _____ per day)								
Entertainment (Details on back)								
Other (Details on back)								
EMPLOYEE TOTALS								
Family Meal Allowance								
Family Lodging								
Family Travel								
FAMILY TOTALS:								
DAILY TOTALS:								

<Less Charges to Yugo> \$ _____
 <Less Cash Advanced> \$ _____
Total Owed to Employee/YUGO \$ _____

