



ARDS	-		AUTON	OBILE RECAP			<u> </u>	
	Name:			Week #		Week	Ending:	
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	Prev.	Sur	nday	Mor	nday	Tue	sday	Wedn	esday	Thui	rsday	Fri	day	Satu	ırday	
Odometer	End	Start	End	Start	End	Start	End	Start	End	Start	End	Start	End	Start	End	Total KMS
Reading																0
			SS KMS	BUSINE	SS KMS	TOTAL										
																0
		PERSON	NAL KMS	PERSON	IAL KMS	TOTAL										
																0

Notes:		

AREAS TRAVELLED

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From							
То							

EXPENSES

Expense Type	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	TOTAL WEEK
AIR FARE								-
CAR RENTAL								-
GAS								-
HOTEL								-
MEALS								-
OFFICE								-
OTHER								-
OTHER TRAVEL								-
PARKING								-
SHOW SUPPLIES								-
STORAGE UNIT								-
VEHICLE REPAIR & SERVICE								-

Total Expense - - - - - - - - -

Notes:

Personal Expense:	-
Reimburse Amount:	-

*Please indicate **ALL** personal kms & include personal gas receipts for accurate deductions.

REPORT MUST BE COMPLETED IN FULL AND MAILED IN BI-WEEKLY. Staple all receipts on the back of the top left hand corner.

Signature: