

THE BLADE - NEWSROOM EXPENSE REPORT

Name: _____

Week Ending: _____

Mileage Rate:

DATE	ODOMETER	MILES	DESTINATION PURPOSE / OTHER	OTHER AMT.
	Start:			
	End:			
	Start:			
	End:			
	Start:			
	End:			
	Start:			
	End:			
	Start:			
	End:			
	Start:			
	End:			
Total Miles:			TOTAL MILEAGE REIMBURSEMENT	
ACCOUNT #			TOTAL OTHER REIMBURSEMENT	
			TOTAL REIMBURSEMENT	

SIGNED _____

APPROVED _____

APPROVED _____