NICKLAUS

Employee Name	Department Name	Report Number
Report Purpose		

DATE	AIRFARE	CAR RENTAL	LOCAL TRANS.	MILEAGE	AUTO EXPENSE	HOTEL	MEALS			PHONE	BUSINESS		OTHER EXPENSES	TOTAL
							BRKFST.	LUNCH	DINNER		MEALS	ENTER.		
TOTAL														
GL Code														

LESS CASH ADVANCE	
LESS COMPANY PAID	
DUE COMPANY	
DUE EMPLOYEE	

(TOTALS INCLUDED ON FIRST PAGE)

EXPLANATION OF ENTERTAINMENT EXPENSES

DATE	PLACE	DESCRIPTION	PERSONS ENTERTAINED	AMOUNT

GL SUMMARY

GL CODE	TOTAL

EXPLANATION OF OTHER EXPENSES

DATE	DESCRIPTION	AMOUNT

I certify that the above information is complete and true and in compliance with Company policy.

Approver's Name (please print)

Employee Signature Date

Approved By Date