



GKN Automotive, Inc.

WEEKLY/BIWEEKLY EXPENSE REPORT

ATTACH HOTEL/AIRLINE ITINERARY
ATTACH RECEIPTS FOR ALL ITEMS

Mailing Address for Check Only If Different From Usual Business Location

Employee Name _____

SS# _____ Date _____

Business Purpose of Expenses _____

- Business
- Relocation
- Training
- Recruiting

DIV	GR	DEPT.	SUB	PROJ. #	AMOUNT
			323		
			611		
			612		
			614		
			615		
A. TOTAL EMPLOYEE PAID EXPENSES					

BATCH _____

VOUCHER _____

EMPLOYEE PAID EXPENSE ONLY

DAY	DATE	LOCATION	BREAKFAST	LUNCH	DINNER	*BUSINESS MEETING	SUB TOTAL	LODGING	COMPANY CAR	PERSONAL CAR	MISC.	MISC. EXPLANATION
										NO. TRIPS \$ /MILE		
SUN												
MON												
TUE												
WED												
THU												
FRI												
SAT	4	5		6		*7	8	9	10	11		12
SUN												
MON												
TUE												
WED												
THU												
FRI												
SAT												

A. TOTAL EMPLOYEE PAID EXPENSES

6	1	4	6	1	1	3	2	3	6	1	2	6	1	5
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

A. TOTAL EMPLOYEE PAID

15

*BUSINESS MEETING DETAILS

DATE	PURPOSE	NAMES OF ATTENDEES & BUSINESS RELATION	AMOUNT
		*7	

COMPANY PAID EXPENSES

AIR/CAR/OTHER	ISSUE DATE	AMOUNT

B. TOTAL COMPANY PAID

B. TOTAL COMPANY PAID

16

C. TOTAL EXPENSES

17

D. CASH ADVANCED

18

E. DUE COMPANY

19

F. DUE EMPLOYEE

20

AMT. RETURNED TO COMPANY

21

PAID BY

22

EMPLOYEE SIGNATURE _____

DATE _____

APPROVAL SIGNATURE _____

DATE _____

ACCOUNTING USE ONLY	
ENTERED BY _____	CHECKED BY _____

Reports are to be submitted within 5 business days after incurring expense(s).