

Cardiology Associates of North Mississippi

Expense Report

Name: _____

Travel Dates: _____

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Total
Parking & Tolls								
Auto Rental								
Taxi/Limo								
Airfare								
Other								
Lodging (Hotel)								
Breakfast								
Lunch								
Dinner								

Miles Driven (personal vehicle)								
Total Miles x 2024 mileage rate (0.67 cents per mile)								

Total Expenses (including mileage)
 Less Travel Advance
 Total Due to Employee
 Due back to CANM

Purpose of Trip (name & location of seminar) _____

Employee Signature

Date

Approval Signature

Date

Please provide all receipts. Anything charged on the corporate credit card, please note above.