



# Apollo Professional Solutions, Inc. Expense Report

**Employee Name:** \_\_\_\_\_

**Week Ending Date:** \_\_\_\_\_

**Auto Expenses:**

Day	Mileage*	Gas	Maint /Repairs	Parking	Tolls	Totals
SUN						
MON						
TUES						
WED						
THURS						
FRI						
SAT						
<b>TOTAL</b>						

\* Mileage paid at \$0.55 per mile per IRS change effective 1/1/2009

**Other Expenses:**

	Item	Description	Cost
SUN			
MON			
TUES			
WED			
THURS			
FRI			
SAT			

**TOTAL FOR WEEK:**

Signed \_\_\_\_\_

Authorized By \_\_\_\_\_

