



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						
TOTAL						

* Mileage paid at \$0.50 per mile per IRS change effective 1/1/2010

Other Expenses:

	Item	Description	Cost
SUN			
MON			
TUES			
WED			
THURS			
FRI			
SAT			

TOTAL FOR WEEK:

Signed _____

Authorized By _____