**RESTAURANT DAILY EXPENSE REPORT**

[SPECIFY THE PURPOSE OF THE EXPENSE REPORT]

[SPECIFY THE STATEMENT NUMBER OF THE REPORT]

[SPECIFY THE NAME OF THE INDIVIDUAL WHO HAS REQUESTED THE DAILY EXPENSE REPORT]

[SPECIFY THE EMPLOYEE NUMBER OF THE RESTAURANT EMPLOYEE]

[SPECIFY THE NAME OF THE RESTAURANT MANAGER]

[SPECIFY THE PAY PERIOD FROM AND TO]

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Description** | **Fuel** | **Phone** | **Meals & Tips** | **Transportation** | **Other** | **Total** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |
| Do Not Forget To Attach The Receipts | | | | | Sub Total |  | |
| Advances / Tax |  | |
| Total |  | |

**ITEMIZED EXPENSES OR DESCRIPTIONS OF ‘OTHER’**

|  |  |  |
| --- | --- | --- |
| **Date** | **Description** | **Amount** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**AUTHORIZED BY:**

[SPECIFY SIGNATURE OF THE RESTAURANT MANAGER]

[SPECIFY NAME OF THE RESTAURANT MANAGER]

[SPECIFY DATE HERE]

**FOR OFFICIAL USE ONLY**