

Daily Field Work Expense Log

Employee Name: _____
Date: ____ / ____ / ____
Department: _____
Supervisor: _____

Expense Details

#	Expense Type	Description	Receipt Attached	Amount
1	Transportation	_____	Yes / No	_____
2	Meals	_____	Yes / No	_____
3	Miscellaneous	_____	Yes / No	_____
4				
Total				_____

Comments / Remarks:

Employee Signature

Supervisor Approval

Date

Important Notes

- Attach all relevant receipts to validate claimed expenses.
- Ensure accuracy and completeness before submitting the log.
- Obtain supervisor's approval for all field work expenses.
- Retain a copy of the log for your own records.