

# Daily Expense Organizer

Name: \_\_\_\_\_

Date: \_\_\_\_\_

TRANSPORTATION OVERNIGHT TRAVEL & OTHER EXPENSE						
TRANSPORTATION		LOCAL	OVERNIGHT	TRANSPORTATION	CAR 1	CAR 2
PARKING				GAS & OIL		
AUTO RENTAL				REPAIRS & MAINTENANCE		
AIR FARE				OTHER		
<input type="checkbox"/> TAXI <input type="checkbox"/> BUS <input type="checkbox"/> TRAIN				TOTAL		
OTHER				OTHER EXPENSES		
TOTAL				BUS GIFTS		OTHER
				EDUCATION		HBBE *
				DUES/FEES		
				SUPPLIES		TOTAL OTHER
				POST/SHIP		TOTAL
				BUSINESS GIFTS		
				WHO?		
				WHAT?		
				WHY?		
				ADDITIONAL INFO:		
AUTO	MILEAGE	Contact/Purpose/Destination			BUS	PER
	ODO BEGIN:      END		TOTAL		TOTALS	
ENTERTAINMENT						
ACTIVITY 1	WHO?		MEAL		SHOW	
	WHERE?		COCKTAILS		OTHER	
	WHY?		HOME		TOTAL	
ACTIVITY 2	WHO?		MEAL		SHOW	
	WHERE?		COCKTAILS		OTHER	
	WHY?		HOME		TOTAL	
ACTIVITY 3	WHO?		MEAL		SHOW	
	WHERE?		COCKTAILS		OTHER	
	WHY?		HOME		TOTAL	
ADDITIONAL INFO:					TOTAL ALL ENTERTAINMENT	

\* Use of your home for business purposes