

DRIVER SHEET

Date		Please fill out all that pertains for each trip. Ensure a Manager approves the trip & gives final approval on expenses. Kunes Store Charged		
				Requesting Manager*
Customer/Business Name	or Reason			
Pick Up Location		Drop Off Lo	Drop Off Location	
Stock # or Last 6 of VIN _	Year Make Model			
	MANAGER APPROVAL OF TRIP			
	Drivers must note unexpected delays over 1/2 hour & contact your requesting Manager			
	Notes			
NAL EXPENSE RECEIPTS MUST BE STAPLED FOR REIMBURSEMENT. Write your name and # or VIN on all receipts.				
	Roundtrip Time Hours Minutes			
	Roundtrip Miles Total Charge			
	OFFICE STAFF ONLY Reference Number			
	COMPANY EXP	ENSES	PERSONAL EXPENSES	
	Gas Slip #	\$\$	Gas	
	iPass (last 3 digits)		Tolls	
	Hotel (last 4 of CC#	\$\$	Hotel	
	Flight (last 4 of CC	#)\$	Flight	
	Other		Other	
NAL EX FOR REI # or VIN	Company Expense Total		Personal Expense Total	

FINAL MANAGER APPROVAL