For Office Use Only

Expense Report

PURPOSE: _____ **STATEMENT** _____ **PAY PERIOD:** From _____ To _____

EMPLOYEE INFORMATION:

Name _____ Position _____ SSN _____

Department _____ Manager _____ Employee ID _____

Date	Account	Description	Hotel	Transport	Fuel	Meals	Phone	Entertainment	Misc.	Total
									Subtotal	
									Advances	
									Total	

APPROVED: _____

_____

NOTES: _____

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