For Office Use Only

Expense report

PURPOSE: _____ **STATEMENT NUMBER:** _____ **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: _____