

Expense Report



For Office Use Only

PURPOSE: _____

STATEMENT NUMBER: _____

PAY PERIOD: From _____
To _____

EMPLOYEE INFORMATION:

Name _____

Position _____

Employee ID _____

Department _____

Manager _____

Date	Account	Description	Hotel/Travel	Transport/Parking	Fuel	Meals	Phone	Miles	Mileage	Total	Entertainment	Misc.	Total2
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									\$ 0.56	\$ -			-
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			\$ -	\$ -	\$ -	\$ -	\$ -	0.00	\$.56	\$ -	\$ -	\$ -	\$ -

Employee Signature _____ Manager Signature _____

Subtotal \$ -
Advances
Total \$ -