Expense Report

Contact

PHONE :

EMAIL :

Office

ADDRESS :

Employee details

FULL NAME :

EMPLOYEE ID NUMBER :

DEPARTMENT :

POSITION :

Expense purpose and time period

PURPOSE :

START TIME :

END TIME :

Approval details

RECEIVED BY :

RECEIVED DATE :

Expense details

DATE :	TYPE :	DESCRIPTION :	AMOUNT :
		Total	

EMPLOYEE SIGNATURE

MANAGER SIGNATURE