

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
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			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
										Subtotal \$ -
										Advances
										Total \$ -

APPROVED: _____ NOTES: _____
