

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
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									Advances	
									Total	\$ -

APPROVED: _____

NOTES: _____
