

PT. ....  
 Address :  
 Location

**MONTHLY EXPENSE REPORT**

NAME : .....

DEPARTME **marketing**

MONTH :

Date	Location	Description	Medical	Mileage	TRAVEL	
					Meals	Hotel
TOTAL						

CASH ADVANCES AND AMOUNTS PAID BY COMPANY

DATE	DETAILS	AMOUNT
TOTAL		-

COLOUMN	SUMMARY OF AMOUNTS	AMOUNT
( A )	Total Expenses Incurred	-
( C )	Deduct Cash advances and Amount Paid By Company	
	Balance Due Employee	
	Balance Due Company	-