

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: _____
