

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	-