Expe	nse re	eport						For Office Use Only			
PURPOSE:				STATEMENT NUMBER:				PAY PERIOD: FromTo			
EMPLOYEE INFORMATION: Name Department				Position Manager				SSN			
Date	Account	Description	Hotel	Transport	Fuel	Meals	Phone	Entertainment	Misc.	To	otal
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									Subtotal	\$	-
APPROVED:				NOTES:							
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