EXPENSE REPORT

For Office Use Only

PURPOSE: _____ **STATEMENT NUMBER:** _____ **PAY PERIOD** FROM: TO:

EMPLOYEE INFORMATION:

NAME _____ POSITION _____ SSN _____

DEPARTMENT _____ MANAGER _____ EMPLOYEE ID _____

Date	Description	Hotel	Transport	Fuel	Meals	Phone	Entertainment	Misc.	Total
									$ 0
									$ 0
									$ 0
Total		$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0	

SUBTOTAL	$ 0
ADVANCES	
TOTAL	$ 0

APPROVED BY: **DATE:**