

EXPENSE REPORT

Employee name: _____

Employee ID: _____

Department: _____

Manager: _____

Period from: _____

To: _____

Purpose of these expenses: _____

Date	Description	Category	Amount	Receipt attached
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐

Notes - mileage, shared costs, missing receipts

Total claimed

Less cash advance

Amount due

I certify that the expenses listed above were incurred on company business and that the receipts attached are genuine.

Employee (signature): _____

Date: _____

Approved by (signature): _____

Date: _____