

EXPENSE REPORTING FORM

Emp Dep Expe	e Submitted: ployee Name: artment: ense Amount: roll File Numb					
#	Pill/Tmyoico					
#	Date	Description	Purpose	Amount (\$)	Payment Type	
			Expense(s) Total:			
to p	ossible rejecti	ions. Always obtain prior approv	expense accounting/reimbursen val, for any foreseeable expense		elayed & subjected	
ւուր	noyee Signatt	re: For Acc	ounts Department Use			
		I On: nts:				
App	rover Sianatu	re: Da	ate:			
			iid on:			