

EXPENSE REPORTING FORM

Emp	e Submitted: ployee Name:					
	ense Amount:	<u></u>				
Payroll File Number:			(as applicable)	(as applicable)		
#	Bill/Invoice Date	Description	Purpose	Amount (\$)	Remarks	
			Expense(s) Total : s expense accounting/reimbursen oval, for any foreseeable expense	nent may get d	elayed & subjected	
Emp	oloyee Signatu	ıre:				
_			ccounts Department Use			
		I On: nts:				
י יףף	. Over comme					
Approver Signature:						
Paid & Accounted by:		l bv:	Paid on:			