

## EXPENSE REPORTING FORM

Department:  Expense Amount:					
Dill/Invoice					
#	Date	Description	Purpose	Amount (\$)	Payment Type
			Expense(s) Total: expense accounting/reimbursen val, for any foreseeable expense	nent may get d	elayed & subjected
Emp	oloyee Signatu	ıre:			
<u> </u>	I D		ounts Department Use		
		l On: nts:			
App	rover Signatu	re: Da	ate:		
			id on:		