

EXPENSE REPORTING FORM

Date Submitted: \_\_\_\_\_  
Employee Name: \_\_\_\_\_  
Department: \_\_\_\_\_  
Expense Amount: \_\_\_\_\_  
Payroll File Number: \_\_\_\_\_ (as applicable)

#	Bill/Invoice Date	Description	Purpose	Amount (\$)	Remarks

Expense(s) Total:

(Please attach receipts. Without proper receipts expense accounting/reimbursement may get delayed & subjected to possible rejections. Always obtain prior approval, for any foreseeable expenses)

Employee Signature: \_\_\_\_\_

For Accounts Department Use

Request Received On: \_\_\_\_\_

Approver Comments: \_\_\_\_\_

Approver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Paid & Accounted by: \_\_\_\_\_ Paid on: \_\_\_\_\_