

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: