

EXPENSE REPORTING FORM

Date Submitted:

Employee Name:

Department:

Expense Amount:

Payroll File Number:  (as applicable)

| # | Bill/Invoice Date | Description | Purpose | Amount (\$) | Payment Type |
|---|-------------------|-------------|---------|-------------|--------------|
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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: