

EXPENSE REPORTING FORM

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

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

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: _____