

Approve/Reject Expense				
Date of Requ	est: 03/11/2022			
Name:				
Aishwarya	C M			
Designation:				
QA				
Expense Request Details:				
S.No.	Expense Category	Expense Amount(USD)	Reason for Purchase	
1.	Office Supply	3534634	sfdGSDGG	
Comment: 35345#%#\$^#\$^DFG xcBXCBDF<>>?<> EY\$^\$%^\$547457				
MMMMMM				
(Signature)				

Name:

Client Test	
Designation:	
VP	
○ Approved ⑤ Denied	
Comment:	
test	
test	
Authorized Signature	
Date: 06/11/2022	