

ategory Expense [Date Expense Am	Reason for nount(USD) Purchase
10/11/2022	2 50	Testing
ion 08/11/2022	2 50	Testing
	10/11/2022	10/11/2022 50

To be Filled by Accounts Department:

Name:	
Client Test	
Designation:	
VP	
○ Approved ⑤ Denied	
Comment:	
Authorized Signature	
Date: 17/11/2022	