

Approve/Reject Expense				
Date of Request: 11/11/2022 Name:				
AishwaryaC 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				
MMMMM				
(Signature)				
	To be	Filled by Accounts Department:		

Name:

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