

Approve/Reject Expense

Date of Request: 2022-11-08

Name:

EmployeeTest EmployeeTest

Designation:

EmployeeTest

Expense Request Details:

Number	Type of Product	Cost of Product(USD)	Reason for Purchase
1.	ggg	12	hh

Comment:

test	hh
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(Signature)

To be Filled by Accounts Department:

Name:

Client Test

Designation:

VP

☐ Approved ☒ Denied

Comment:

django

django

Authorized Signature

Date: 2022-11-07