Approve/Reject Expense

Date of Request: 03/11/2022

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

MMMMMM

(Signature)

To be Filled by Accounts Department:

Name:

Client Test

Designation:

VP

○ **Approved** ◉ **Denied**

Comment:

test

test

Authorized Signature

Date: 06/11/2022