Approve/Reject Expense

Date of Request: 12/11/2022

Name:

Designation:

Expense Request Details:

S.No.	Expense Category	Expense Date	Expense Amount(USD)	Reason for Purchase
1.	Travel	10/11/2022	50	Testing
2.	Accomodation	08/11/2022	50	Testing

Comment:

test

test

(Signature)

To be Filled by Accounts Department:

Name:

Client Test

Designation:

VP

○ **Approved** ◉ **Denied**

Comment:

Authorized Signature

Date: 17/11/2022