

•	_		
<b>♣</b> Approve/Rej	ect Expense		
Date of Request: 2	2022-11-09		
Testing Employ	/ee		
Designation:			
test category			
Expense Request	Details:		
Number	Type of Product	Cost of Product(USD)	Reason for Purchase
(Signatur	re)		
	To be F	Filled by Accounts Department:	
Name:			
Client Test			

VP	
♠ Approved ○ Denied	
Comment:	
test	
test	
Authorized Signature	
Date: 2022-11-09	
ge not found or type unknown	