

Approve/Reject Expense

Date of Request: 2022-11-07

Name: EmployeeTest

Designation: EmployeeTest

Expense Request Details:

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

Comment:

test

hh

(Signature)

To be Filled by Accounts Department:

Name: Client Test

Designation: VP

☐ Approved ☒ Denied

Comment: django

django

Authorized Signature

Date: 2022-11-07