

Approve/Reject Expense						
	uest: 12/11/2022					
Name:						
Testing E	Testing Employee					
Designation:						
test categ	test category					
Expense Request Details:						
S.No.	Expense Category	Expense Date	Expense Amount(USD)	Reason for Purchase		
1.	Travel	10/11/2022	100	Testing		
2.	Accomodation	02/11/2022	50	Testing		
Comment:						
test						

To be Filled by Accounts Department:

test

(Signature)

Name:	
Client Test	
Designation:	
VP	
♠ Approved ○ Denied	
Comment:	
test	
test	
Authorized Signature	
Date: 17/11/2022	