Approve/Reject Expense

Date of Request: 12/11/2022

Name:

Testing Employee

Designation:

test category

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:

test

test

Authorized Signature

Date: 17/11/2022