

EXPENSE REPORT

Employee Name:		Employee ID:	Employee ID:	
Department:		Reporting Period:		
Expense Details:				
Date	Expense Description	Category	Amount	
Total Expe	nses:			
Receipts Attac	ched: Yes NO			
Notes or Com	ments:			
Approval: This	expense report has been reviewed as	nd approved for reimburse	ement.	
Approver Nam	ne:	Date:		

 $\underline{www.eliteresponsetraining.com} \hspace{0.2cm} | \hspace{0.2cm} 12345 \hspace{0.2cm} Parklawn \hspace{0.2cm} Dr \hspace{0.2cm} Suite \hspace{0.2cm} 200 \hspace{0.2cm} \#1021, Rockville, MD \hspace{0.2cm} 20852 \hspace{0.2cm} | \hspace{0.2cm} \underline{info@eliteresponsetraining.com} \hspace{0.2cm} | \hspace{0.2cm} 301-859-7588 \hspace{0.2cm} | \hspace{$