



Expense Reimbursement Slip

Employee Name:

ID

Sudhir
E-32

Manager Name

Department

Business Purpose

Itemized Expenses

DATE	DESCRIPTION	AMOUNT
	Cash Reimbursement	507
	Haveli Adalat	
	PT-100 2 MTR Wire	
	Holder TYPE	
	P.O Number = PO-21100087	

Sub total

Advance

Balance

507

Employee Signature

Approved By

Date

Date