

Expense Reimbursement Slip

Employee Name:

ID

Manager Name

Department

Business Purpose

Itemized Expenses

DATE	DESCRIPTION	AMOUNT
09-09-21	4x20 C.S.K 150 pcs in Stock	
	Inventry	
	6x20 C.S.K Cash proccured	640/-
	7x20 C.S.K 50 pcs Cash	140/-
	Proccurement	
	Total =	780/-

Sub total

Advance

Balance

Employee Signature

Approved By

Date _____

Date _____