Expense Statement

Statement Number:

Purpose:

Employee Information

Name
SSN
Employee ID
Department
Position
Manager

Pay Period

From
To

Date	Account	Description	Hotel	Transport	Fuel	Meals	Phone	Entertainment	Misc.	TOTAL
										$ -
										$ -
										$ -
										$ -
										$ -
										$ -
										$ -
										$ -
										$ -
										$ -
			$ -	$ -	$ -	$ -	$ -	$ -	$ -	
									Subtotal	$ -
									Advances	
									TOTAL	$ -

Approved

Notes

For Office Use Only