or	Office	11co	Only	,

Expense report

PURPOSE:			-	STATEMENT NUMBER:				PAY PERIOD:		
EMPLOYEE IN Name		N:	_	Position				SSN		
Department	artment			Manager				Employee ID		
Date	Account	Description	Hotel	Transport	Fuel	Meals	Phone	Entertainment	Misc.	Total
	1		\$	\$	\$	\$	\$	\$	\$	
									Subtotal	\$
APPROVED:				NOTES:				_	Advances	
				_				Tota		\$