



# EXPENSE REPORT

**PURPOSE:**

**STATEMENT NUMBER:**

**PAY PERIOD:**

## EMPLOYEE/CONSULTANT INFORMATION

NAME:

EMPLOYEE #:

PAY PERIOD

SSN:

POSITION:

FROM: \_\_\_\_\_

DEPARTMENT:

MANAGER

TO: \_\_\_\_\_

Date	Account	Description	Accom	Transport	Fuel	Meals	Phone	Other	Total
<b>Total</b>									

Subtotal: \_\_\_\_\_

Advances: \_\_\_\_\_

Total: \_\_\_\_\_

Approved By: \_\_\_\_\_

Notes: