

EXPENSE REPORT

PURPOSE: STATEMENT NUMBER: PAY PERIOD:

NAME: SSN:

DEPARTMENT:

EMPLOYEE/CONSULTANT INFORMATION

EMPLOYEE #:
POSITION:
MANAGER

PAY PERIOD			
FROM:			
TO:			

Date	Account	Description	Accom	Transport	Fuel	Meals	Phone	Other	Total
	Total								

Subtotal:	
Advances:	
Total:	

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