
EXPENSE STATEMENT

Statement #	
Date	
Period	

EMPLOYEE INFORMATION

Name
ID / Dept
Email / Phone
Manager

ACCOUNT SUMMARY

Project / Code
Cost Center
Purpose
Payment Method

DATE	CATEGORY / DESCRIPTION	MERCHANT / PLACE	RECEIPT	AMOUNT

Subtotal	
Cash Advance	
Total Due / Reimburse	

EMPLOYEE SIGNATURE

Date: _____

APPROVED BY (MANAGER)

Date: _____

FINANCE AUTHORIZATION

Date: _____