

BUSINESS INSURANCE EXPENSE STATEMENT

Employee Name: _____ **Statement Date:** _____
Department: _____ **Reference No:** _____

INSURANCE PROVIDER / BROKER	POLICY NUMBER	COVERAGE / EXPENSE DESCRIPTION	PERIOD COVERED	AMOUNT PAID

Subtotal _____
Tax / Fees _____
Total Expense _____

Notes / Remarks:

Submitted By (Signature) Date

Approved By (Signature) Date