OFFICE MAINTENANCE & REPAIR EXPENSE TRACKER

Period / Month:
Department:
Facility Manager:
Approved By:

ALLOCATED BUDGET

TOTAL EXPENSES

REMAINING BALANCE

DATE	CATEGORY	DESCRIPTION OF WORK	VENDOR / SERVICE PROVIDER	INVOICE #	PAYMENT METHOD	AMOUNT	STATUS
					Total Actual Spend		

Prepared By (Signature / Date)

Authorized Approval (Signature / Date)