IT & TELECOM EXPENSE STATEMENT

Office Internet & Telecommunications

Company Name		Statement Period	
Department / Cost Center		Submission Date	
Prepared By (Name)		Reference / PO Number	

DATE	CATEGORY	SERVICE PROVIDER / VENDOR	DESCRIPTION / ACCOUNT NUMBER	AMOUNT

Subtotal	
Tax / VAT	
Other Fees / Adjustments	
Total Expense Amount	

PREPARED BY SIGNATURE

Date: _____

DEPARTMENT HEAD APPROVAL

Date: _____

FINANCE DEPARTMENT APPROVAL

Date: _____