EXPENSE STATEMENT

Statement Date: _____

Statement No: _____

EMPLOYEE DETAILS

Name: _____

Employee ID: _____

Department: _____

Manager/Approver: _____

ACCOUNT DETAILS

Account Number: _____

Card Type: _____

Billing Cycle: _____

Currency: _____

Previous Balance	Total Expenses (+)	Payments / Credits (-)	New Balance Due

DATE	CATEGORY	DESCRIPTION / MERCHANT	REFERENCE NO.	AMOUNT
			Total Expenses:	

Employee / Cardholder Signature

Date: _____

Authorized Approver Signature

Date: _____