OFFICE UTILITY EXPENSE REPORT

Document Ref:

Department: _____

Submitted By: _____

Job Title: _____

Billing Period: _____

Submission Date: _____

Cost Center: _____

DATE PAID	UTILITY TYPE	SERVICE PROVIDER	INVOICE NO.	AMOUNT

Subtotal	
Tax/VAT	
Total Due	

Employee Signature Date

Authorized Approver Signature Date