

EXPENSE STATEMENT

COMPANY / ORGANIZATION

Employee Name:

Statement
Period:

Department:

Submission
Date:

Manager/Approver:

Employee
ID:

DATE	CATEGORY	DESCRIPTION / PURPOSE	RECEIPT (Y/N)	AMOUNT

Subtotal	
Advances Received	
Total Due / Reimburse	

EMPLOYEE SIGNATURE

Date: _____

AUTHORIZED APPROVER
SIGNATURE

Date: _____