OFFICE SNACKS & BEVERAGES

Monthly Budget Spreadsheet

MONTH / YEAR _____

DEPARTMENT _____

PREPARED BY _____

APPROVED BY _____

ALLOCATED BUDGET
$

TOTAL EXPENSES
$

REMAINING BALANCE
$

DATE	ITEM DESCRIPTION	CATEGORY	QTY	UNIT PRICE	TOTAL COST	VENDOR / SOURCE
Total						

PURCHASER SIGNATURE

APPROVER SIGNATURE