WORKSPACE EQUIPMENT & SUPPLY LOG

Expense Reimbursement & Inventory Record

EMPLOYEE NAME:

DEPARTMENT:

JOB TITLE:

REPORT PERIOD:

MANAGER NAME:

COST CENTER:

DATE	CATEGORY	DESCRIPTION / ITEM DETAILS	VENDOR	RECEIPT NO.	AMOUNT
				TOTAL EXPENSE AMOUNT	

EMPLOYEE SIGNATURE DATE

AUTHORIZED APPROVER SIGNATURE DATE